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

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: Click or tap here to enter text. ☒ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: March 16, 2020

Auditor Information

Name: Dwight Lamar Fondren	**Email:** fondu714@hotmail.com
Company Name: Dwight Lamar Fondren, CCE - DOJ Certified PREA Auditor	
Mailing Address: P.O. Box 901824	**City, State, Zip:** Kansas City, MO 64190
Telephone: 816-699-0244	**Date of Facility Visit:** February 3-4, 2020

Agency Information

Name of Agency: Illinois Department of Corrections			
Governing Authority or Parent Agency *(If Applicable)*: N/A			
Physical Address: 1301 Concordia Court		**City, State, Zip:** Springfield, Illinois 62794-9277	
Mailing Address: P.O. Box 19277		**City, State, Zip:** Springfield, Illinois 62794-9277	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Rob Jeffreys	
Email: rob.jeffreys@illinois.gov	**Telephone:** 217-558-2200

Agency-Wide PREA Coordinator

Name: Ryan Nottingham	
Email: ryan.nottingham@illinois.gov	**Telephone:** 217-558-2200
PREA Coordinator Reports to: Director, Rob Jeffreys	**Number of Compliance Managers who report to the PREA Coordinator:** 31

Facility Information

Name of Facility: Fox Valley Adult Transition Center (FVATC)			
Physical Address: 1329 N Lake St		**City, State, Zip:** Aurora, IL 60506	
Mailing Address (if different from above): SAME		**City, State, Zip:** Aurora, IL 60506	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

Facility Website with PREA Information:
https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx

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

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

☐ ACA

☐ NCCHC

☐ CALEA

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

☒ N/A

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

Facility Director

Name:	Margarita Mendoza		
Email:	Margarita.Mendoza@illinois.gov	**Telephone:**	630 897-5610

Facility PREA Compliance Manager

Name:	Ricardo Tejeda		
Email:	Ricardo.Tejeda@illinois.gov	**Telephone:**	630 897-5610

Facility Health Service Administrator ☐ N/A

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

Facility Characteristics

Designated Facility Capacity:	130
Current Population of Facility:	128
Average daily population for the past 12 months:	125

Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☒ Females ☐ Males ☐ Both Females and Males
Age range of population:	18-72
Average length of stay or time under supervision	14 months
Facility security levels/resident custody levels	Minimum security/low escape risk
Number of residents admitted to facility during the past 12 months	150
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	150
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	129
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A
Number of staff currently employed by the facility who may have contact with residents:	33
Number of staff hired by the facility during the past 12 months who may have contact with residents:	2
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	29

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	1
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	42
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☐ Yes ☒ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☐ Yes ☒ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	None at Fox Valley ATC Agency has 21
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☒ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☒ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	None at Fox Valley ATC Agency has 21
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☒ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

Pre-Onsite Audit Phase
The notifications of the on-site audit at Fox Valley Adult Transition Center (FVATC) were posted on December 23, 2019, six weeks prior to the date of the onsite audit. The posting of the notices were verified by photographs received electronically from the Facility PREA Compliance Manager (FPCM). The photographs provided with the Pre-Audit information indicated notices were posted strategically throughout the facility, accessible to inmates, staff, visitors, contractors, and volunteers. The Auditor noticed that the notifications were placed in the lobby, hallways, living units, and common areas. The posted audit notices contained the Auditor's contact information and included information regarding confidentiality. The notice was posted in English and Spanish and at eye levels easy for a person to see either standing or sitting. All inmates in the facility during the time of the site visit spoke and read English. No correspondence was received during any phase of the audit.

Prior to the Auditor's onsite visit to the facility, the Auditor worked with the APC in developing and completing the Pre-Audit Questionnaire (PAQ). This document identified the minimum information and supporting documents that the facility should submit to the Auditor before the onsite audit begins. The PAQ was received on January 6, 2020. The PAQ included policies, procedures and supporting documentation which was within an adequate timeframe for the Auditor to review the documentation. The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor.

An initial assessment was conducted of the information provided and it was determined the information was provided in detail on the flash drive. The documentation on the flash drive was well organized by each standard, including the identified provisions of each standard. Additional information requested during the site visit was provided or explained by the Supervisor.

The FPCM had been previously provided a document by the Auditor titled, "Information Requested to Determine Staff and Inmates to be interviewed during the On-site PREA Audit." The document was completed and provided the Auditor onsite. The document requested the identification of the staff members who served and performed in specific PREA-related specialized roles within the facility, including volunteers and contractors who have contact with inmates. The document requested a list of security staff and their shift assignments and an inmate population roster. Additionally, the request included information regarding inmates who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender inmates; and inmates housed in isolation.

Internet research of the facility revealed no indication of litigation, U.S. Department of Justice involvement, or federal consent decrees. General and specific information about the facility and the programs and services provided are detailed on the facility's website. An array of information, pictures of the facility and contact information may be accessed from the informative page. The facility's website also contains PREA information including but not limited to the zero-tolerance and coordinated response policies. The PREA audit report for the audit in 2016 is located on the.

Onsite Audit Phase
The on-site visit was conducted February 3-4, 2020 by Dwight L. Fondren (Auditor). In addition to the Auditor, the entrance conference included the Supervisor and the APC. During the conference the Auditor discussed the information contained in the PAQ. Formal introductions were made and a review of the audit process, site visit activities and the itinerary. Site review instructions were covered to

include a description of the areas of the facility to be toured; operations and practices to be observed; and questions that should be asked of staff and inmates to conduct a thorough site review. Additionally, interview protocols to be used by the Auditor to interview staff and inmates as part of the audit were discussed. Required documentation, relevant observations, the interview protocols, and the audit compliance tool were used to establish evidence of standard compliance.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted and led by the Supervisor. The tour included all areas of the facility. The staff was observed providing direct supervision to the program inmates. The tour of the facility was conducted by the PREA Compliance Manager. The facility was clean, in good repair, and well maintained. The PREA Audit notices were posted on the bulletin boards in various hallways. Posters containing the PREA hot-line number were prominently posted in the main lobby area and hallways. The notices contained large enough print to make them accessible and easy to see and read and in English and Spanish. Posted signs were observed regarding general PREA information including emergency and non-emergency numbers for assistance. The posted information included instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services.

Questions were answered by staff during random and informal interviews regarding inmate activities and program services as the site review progressed throughout the facility. The site visit also included the outside grounds. Telephones were observed in the housing units which were available for legal and personal contacts as well as reporting allegations of sexual abuse and sexual harassment. A physical test and observation indicated that the telephones were in working order. The reporting process was discussed during the site review. Directions for accessing the crisis hotline were posted and included the limitations of confidentiality. The IDOC has a Letter of Agreement with The John Howard Association to receive allegations of sexual abuse and sexual harassment. Inmates have access to outside services which are available and for the provision of advocacy services upon request. The FPCM was interviewed and confirmed the advocacy services are provided in accordance with the agreement.

The FVATC only houses female offenders. All male staff is required to knock on entrance doors to alert the inmates that opposite gender staff were making rounds/inspections or entering the unit. Visibility is enhanced with the strategic use of mirrors and windows in doors. The design of the facility and location of showers and restrooms provide reasonable privacy to inmates when they use the toilet, change clothes and shower. Discussion with staff during the visits to the intake areas indicated that during the initial intake procedures, staff explain to each inmate the shower procedures and procedures are listed in the inmate handbook. Medical Request Forms, grievance forms, are accessible to all inmates upon request. All inmates have access to writing utensils needed for completing the forms. Signage was posted which indicated where inmates were not allowed or only allowed with staff supervision. The doors to closets and storage rooms are kept locked.

Interviews

The Auditor reviewed the lists/documents provided and conferred with the FPCMs in development of the interview schedule to ensure clarity regarding specialized PREA roles among staff. The Auditor communicated with the FPCM to confirm schedules and to clarify specialized PREA roles. A current inmate roster was also provided to the Auditor. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and inmates, including targeted inmate interviews. At the time of this audit, the facility employed 33 staff and the inmate population was 128. The Auditor arrived onsite during the early morning hours in order to interview staff members on the overnight shift and observe early morning operations. Random staff members working the overnight shift were interviewed immediately upon the auditors' arrival to the facility to reduce the accrual of overtime hours. In addition to the State employees, the Agency has contracts with Aramark Food Service for the Dietary Program and medical and mental health providers. An estimated 3 contractors

as well as 29 volunteers provide services to assist in facility programs. A number of staff provides dual services and roles in the management of the PREA Programs.

Twenty-one staff were interviewed to include the Facility Supervisor; security staff (from all three 8-hour shifts); intermediate and higher level facility staff; contractors, specialized staff, and random staff. The random staff members interviewed covered all shifts and specialized staff members interviewed based on their job duties and PREA roles. Although 13 individuals were identified for specialized interviews, the specialized interviews conducted included staff members in this category serving in more than one PREA-related specialized role. The interviews with staff and contractor indicated their receipt of PREA training which was also verified by a review of documentation, including training materials. Staff interviews conducted by the Auditor were done in the privacy of a conference room.

During this process the Auditor did not limit the interview questions to only those included in the protocols; rather, additional site-specific questions were asked to use as a starting point for eliciting information about the facility's compliance with the PREA Standards. All responses to the interview questions were part of the Auditor's compliance assessment. Inmate interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches.

The Auditor conducted 19 inmate interviews in the following categories during the onsite phase of the audit:

Category of Inmates	Number of Interviews
Random Inmates	12
Inmates who Identify as Gay or Bisexual	2
Inmates with a Cognitive Disability	2
Inmates with Physical Disability	1
Inmates Report of Sexual Abuse	0
Inmates who Identify as Transgender or Intersex	0
Inmates Report of Sexual Victimization During Intake	2
Inmates Hard of Hearing/Vision Deficiency	0

The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews
Medical Staff	Outside Medical Provider
Mental Health Staff	Outside Qualified Mental Health Professional
Administrative (Human Resources) Staff	0
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
Volunteers who have Contact with Inmates	0
Contractors who have Contact with Inmates	1
Investigative Staff	0
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Non-Security Staff First Responders	1
Intake Staff	2
Line Staff who Supervises inmates	3
Number of Specialized Staff Interviews	13
Number of Random Staff Interviews	6

Total Random and Specialized Interviews	19
Total Interviews plus PREA Coordinator and Director/CEO	21

Onsite Documentation Review
The Auditor received many examples of documentation from inmate and staff files as part of the Pre-Onsite Audit Phase. During the pre-onsite audit phase and the onsite audit phase the Auditor reviewed a sample of personnel files of the staff selected to be interviewed, including documentation on the facility's procedures of criminal background checks occurring. The PREA Pre-Audit Questionnaire and facility policies, procedures and supporting documentation were reviewed prior to the onsite visit and verification of compliance while onsite. The secondary documentation reviewed included, but was not limited to, Vulnerability Assessments screening instruments, Grievance Form, Medical Request Form, PREA education and training acknowledgement forms, training records, checklists, sexual abuse coordinated response plan, annual staffing plan assessment, staff schedules, unannounced rounds reports, retaliation monitoring form, organization chart, and other documentation. Documentation and interviews with staff and the Medical providers confirmed forensic medical examinations will be performed at local Hospitals. The hospital's Sexual Assault Policy provides that a Sexual Assault Nurse Examiner (SANE) will conduct the examinations.

After the completion of the site visit process, an exit briefing was held in the conference room. The attendees included the Supervisor, the APC, the FPCM, the Alternate PCM, Shift Supervisor and the Auditor. The exit briefing served to review the onsite process and review program strengths. The attendees were given the opportunity to ask additional questions about the activities of the day and the shared information. The timetable for the submission of PREA Report was discussed as well.

Facility Characteristics

It is the mission of the Fox Valley Adult Transition Center(FVATC) to provide within the guidelines of appropriate custodial care, a continuum of programs and services for the female offender, who transitions from an institution to an ATC, to the community and discharge from parole, that address the unique medical, social, psychological and educational needs of the committed female. With the assistance of counselors and the use of available programs, all residents are expected to seek full-time employment or attend educational or vocational training. The facility promotes public safety through services and partnership with communities and criminal justice entities. They are committed to maximizing the offender's ability to be a self-sufficient and a law abiding citizen.

The center, built in 1917, is a single four-story brick structure. In August of 2000, FVATC was converted to a female facility, joining the Women and Family Services Division of the State of Illinois Department of Corrections (IDOC). The first floor holds storage rooms, substance abuse counseling offices, a classroom, an exercise room and the library. The second floor houses administrative offices, the security shift office, vending machines and the dietary area. There are two, three, four and six-bed resident rooms on the third and fourth floors of the building. A toy room is also located on the first floor, where residents can spend time with their children during visits. The facility houses up to 130 female residents, both in Permanent Party and Pre-Release status.

The facility is not designed to meet all handicapped accessible regulations, with ADA handicapped rooms and ADA bathroom facilities located only on the first floor. As a result, handicapped inmates are excluded from being referred to FVATC. The building is equipped with an external, single-capacity elevator for resident, staff or visitor use that only goes to the main floor. There is no video or electronic monitoring technology or cameras on the premises; however, the auditor observed a number of concave mirrors throughout the building which enhances staff supervision.

The facility provides a variety of services to residents to prepare them for release to the community. Types of services available include, but are not limited to, educational counseling and academic enrollment, vocational training and counseling, job placement, substance abuse counseling, parenting, child rearing and leisure time activities. Residents may be required to participate in alcohol and/or drug abuse counseling, GED or ABE/Life Skills programming as recommended by the Department or mandated by the Center Supervisor. Prevention and counseling services are provided by Breaking Free, an organization committed to strengthening families and promoting healthy communities, by providing the highest quality education, prevention and counseling services, focusing on substance abuse, child abuse and mental health. Breaking Free uses an office on-site and provides the facility with a certified addiction counselor to conduct assessments and group/individual counseling, at no cost to the agency. Another unique program at the facility is Prisoner Release Ministries, which also utilizes an office (been in the building for approximately 36 years) and pays one of their employees to provide employment placement and job development services to every resident at the facility, at no cost to IDOC. The facility provides employment workshops for the residents which include, but are not limited to; resume writing, interview preparation, employment matching and mentoring, communication, social skills and professional conduct at work. Residents are also able to go to workshops at local colleges, libraries, social services and faith-based agencies.

In December 2015, the facility implemented the Service Planning Instrument (SPIn). SPIn assesses risk, needs and protective factors in adult populations. This web-based software is used to assess risk of recidivism and to identify service needs. The primary objective of SPIn is to help case workers develop individualized service plans for offenders. It also links assessment results immediately to individual case planning and to appropriate service provision.

FVATC continues to operate an on-site boutique to provide residents, who generally report to the facility in sweat clothing and sneakers, with appropriate work attire to seek employment. Clothing donations are accepted from the community and staff. Volunteers maintain the boutique. Additionally, the facility maintains a Resident Benefit Fund, which was set up to provide services, not projected for in the operating budget, to residents. The money comes from interest earned from the trust fund, proceeds from vending machines, washing machines and donations. The money is used to solely purchase equipment for resident's use, education and to finance resident participation in recreational activities, such as children's visiting room activities, special programs and special holiday events.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
IDOC Sexual Abuse and Harassment Prevention Intervention Program
IDOC AD 04.01.301- PREA Programs and Services
IDOC AD 01.02.100- Administration and General Office Organization Chart
Memo: Illinois Department of Central Management Services: Sexual Harassment Policy (12/15/17)
IDOC Memorandum: Designation of Agency Wide PREA Coordinator (1/16/18)
IDOC Organizational Chart
PREA Pre-Audit Questionnaire

Interviews:
Supervisor
PREA Compliance Manager (PCM)
Random Staff

Provision (a):
An agency shall have a written policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The facility Policy mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The Policy provides for the appointment of a PREA Coordinator by the Supervisor.

The Policy addresses detection of sexual abuse and sexual harassment through inmate education, staff training, and intake screening for risk of sexual victimization and abusiveness. The Policy includes, but is not limited to, responding to sexual abuse and sexual harassment through reporting, investigations, assessments, crisis intervention, and disciplinary sanctions for inmates and staff.

Provision (b):
An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

The facility Policy indicated a designated position, facility PREA Compliance Manager (FPCM). The organization chart shows the FPCM reports directly to the Supervisor as confirmed by staff interviews. The interview with the Supervisor and the FPCM, and observations, revealed that they have the time and authority to perform their PREA duties.

Conclusion:
Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator.

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

115.212 (c)

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

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
IDOC Sexual Abuse and Harassment Prevention Intervention Program
IDOC AD 04.01.301- PREA Programs and Services
PREA Pre-Audit Questionnaire

Interviews:
Supervisor
APC
FPCM

Provision (a)(b):
N/A

Provision (c):
Any new contract or contract renewal signed on or after August 20, 2012 shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The agency meets the mandates of this standard. A review of documentation and interviews with the APC and Supervisor confirmed the IDOC requires other entities contracted with for the confinement of offenders to adopt and comply with the PREA standards. The IDOC has an agreement with the Safer Foundation. According to the agreement, Safer Foundation, shall comply with the PREA Act of 2003 and the National Standards to Prevent, Detect and respond to Prison Rape as contained in 28 *CFR* Part 115.

Conclusion:
Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
IDOC AD 04.01.301 Sexual Abuse and Harassment Prevention Intervention Program
IDOC AD 01.02.103 Inspection Tours by Administrative Staff
IDOC Institutional Directive (ID) 01.02.102k-ADO Responsibilities
Duty Administrative Officers Unannounced Inspection Forms
Authorized Staffing Plan Spread Sheet
PREA Pre-Audit Questionnaire

Interviews:
Supervisor
FPCM
Random Staff

Provision (a):
The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect

inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:
(1) Generally accepted detention and correctional/secure immaterial practices;
(2) Any judicial findings of inadequacy;
(3) Any findings of inadequacy from Federal investigative agencies;
(4) Any findings of inadequacy from internal or external oversight bodies;
(5) All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);
(6) The composition of the inmate population;
(7) The number and placement of supervisory staff;
(8) Institution programs occurring on a particular shift;
(9) Any applicable State or local laws, regulations, or standards;
(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
(11) Any other relevant factors.

Facility Policy provides details for maintaining the staffing ratios. The staffing plan, Institutional Directive (ID) 01.02.102k-ADO Responsibilities mandates three staff members per shift. The Weekly schedule reviewed indicated that the 1st Shift (7am-3pm) has a total of 8 staff members assigned Monday thru Friday and 5 staff members on Saturday and Sunday. The 2nd Shifts (3pm-11pm) has 10 staff members assigned Monday thru Friday and 6 on Saturday and Sunday. The 3rd Shift (11pm-7am) has 9 staff members assigned Monday thru Friday and 6 staff members on Saturday and 7 staff on Sunday.

PREA training is required of all new hires, as well as PREA refresher courses provided throughout the year to better ensure inmate safety. The camera system is monitored constantly, and the provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Supervisor and review of staffing plan and observations. The work schedules are based on the staffing plan and facility policy.

Provision (b):
The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The facility Policy states in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations to the staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan.

IDOC AD 05.01.101 Roster Management-Deployment of Security Personnel AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 01.02.102k ADO Responsibilities and the Agency and facility organizational charts, meet the mandates of this standard. Interviews with the Supervisor and Human Resource Manager revealed compliance with the PREA and that the elements listed in the standard, as well as other safety and security issues are always a primary focus when they consider and review their respective staffing plan. Although video monitoring systems are not currently installed at the facility, the Facility Supervisor stated that they are considered at staffing meetings and a proposal has been submitted for various monitoring devices to be purchased and installed in additional areas of the facility. Sufficient staff is currently assigned to each shift to ensure the safety of both offenders and staff. The facility reviews the staffing plan at least annually and the staff complement is adequate. There have been no instances where the staffing plan was not complied with. Documentation of unannounced rounds covering all shifts by administrative staff was reviewed. Interviews with higher level facility staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff.

Provision (c):
Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the Supervisor required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:
(1) The staffing plan established pursuant to paragraph (a) of this section;
(2) Prevailing staffing patterns;
(3) The facility's deployment of video monitoring systems and other monitoring technologies; and
(4) The resources the facility has available to commit to ensure adherence to the staffing plan.

IDOC PREA Policy provides, at the least, an annual assessment of the staffing plan is conducted. The Staffing Plan Assessment is conducted annually with the latest being conducted in January 2018 and is signed by the Supervisor. The document reviews but is not limited to the following areas prevailing staffing patterns; deployment of video monitoring system; and occurrence of unannounced rounds.

FVATC has 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. Such policy and practice shall be implemented for night shifts as well as day shifts. The policy prohibits 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. A review of a sample of documented rounds support unannounced rounds are conducted by intermediate level and higher-level staff at the various times as determined by a review of documentation and interviews. The unannounced rounds conducted by administrative staff are documented. Areas assessed during the unannounced rounds includes all areas of the facility such as all living units; common area; staff break room; gymnasium; and classrooms. The interview with the Supervisor and policy review indicated procedures put in place to ensure that staff does not alert other staff when unannounced rounds are conducted. Staff members are not informed of the unannounced rounds and there is not a routine schedule regarding the rounds. Staff members are encouraged not to alert other staff members regarding the unannounced visits.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is following this standard regarding supervision and monitoring.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents) ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? ☒ Yes ☐ No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

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

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
IDOC AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders
IDOC AD 05.01.109, Searches of Persons, Vehicle and Property
Title 20-Illinois Administrative Code Subpart C-Searches for and Disposition of Contraband
Director's Memo titled Limits to Cross-Gender Viewing
IDOC Curriculum Approval Sheet
PREA Pre-Audit Questionnaire
Training Outline and Curriculum
Training Sign-in Sheet
Inmate Handbook

Interviews:
Supervisor
FPCM
Random Staff
Random Inmates

Provision (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.

IDOC PREA Policy on Limits to Cross Gender Viewing and Searches prohibits cross-gender strip searches and cross-gender visual body cavity searches. There is no evidence of cross-gender strip searches or cross-gender visual body cavity searches occurring at the facility. Based on the review of the Pre-audit questionnaire and according to the Supervisor, no such searches have been conducted.

Provision (b):
The agency always refrains from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances. In addition, the agency shall always refrain from restricting female inmates' access to regularly available programming or other outside opportunities in order to comply with this provision.

IDOC PREA Policy provides that staff will only conduct cross-gender pat-down searches of females only in exigent circumstances. Additionally, the search must be approved by the Supervisor and the justification for the search must be documented. Staff interviews confirmed they are aware of the restriction of conducting cross-gender pat-down searches except in exigent circumstances. Interviews with Staff indicated that cross-gender pat-down searches have not occurred at the facility, but the facility is prepared for them to be conducted in exigent circumstances.

Provision (c):
The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

The Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. Cross-gender pat-down searches may be conducted only in exigent circumstances which random staff interviews summarized as an extreme emergency. Such searches will be documented on a form currently used for all searches which have been used for same sex searches. The form requires the staff to record the reason for the search. Based on the review of the Pre-audit questionnaire and according to the Supervisor, no such searches have been conducted.

Provision (d):
The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a inmate housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where inmates are likely to be showering, performing bodily functions, or changing clothing.

IDOC PREA Policy states the facility will enable inmates to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances or during routine room checks. Staff members of the opposite gender are required to knock and/or announce themselves upon entering the unit. This practice was confirmed through observation of signage indicating such and interviews with staff. Observations of the physical structure and locations of showers and toilets verified that inmates can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

Provision (e):
The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

IDOC Policy prohibits the search of transgender or intersex inmates solely for the purpose of determining the inmates' genital status. Staff interviews verified no such searches have not occurred in the past 12 months. According to the Policy, if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Based on the documentation reviewed and staff interviews, the facility meets this provision of the standard.

Provision (f):
The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

IDOC PREA Policy states that staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The documentation and staff interviews support the training is conducted at least annually. Training participation is documented with sign-in sheets and training acknowledgement forms. The evidence shows staff is trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Conclusion:
Based on the review of the Pre-audit questionnaire and the Inmate Pat-Down Searches & Control of Contraband Accountability Form, staff and inmate interviews, and staff training materials, the facility follows this provision of the standard.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.111, ADA Accommodations
AD 04.01.105, Facility Orientation
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 05.07.101, Reception and Orientation
American Sign Language Video Remote Interpretation Procedure
The Offender Handbook

Interviews:
Inmates
Random Staff
PCM
Contractor

Provision (a):
The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 *CFR* 35.164.

AD 04.01.111, ADA Accommodations; AD 04.01.105, Facility Orientation; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101, Reception and Orientation; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; the PREA Inmate Orientation Insert; American Sign Language Video Remote Interpretation Procedure; DR 475 ADA Grievance Procedure and the Offender Handbook address the mandates of this standard. The Facility takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks are in both English and Spanish. The above-mentioned documents were submitted to and reviewed by the Auditor. Telephonic translation services are available through a language service. Staff interviewed was aware of the policy that under no circumstances are inmate interpreters or assistants to be used when dealing with PREA issues. Staff and inmate interviews and a review of documentation support compliance to this standard.

Provision (b):
The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

A language line Solution is available and can be accessed by staff 24/7. The Inmate Handbook is in English and Spanish. The evidence shows inmates with disabilities and who may be limited English

proficient are provided 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. All staff interviewed confirmed inmates are not used as interpreters and understand prior arrangements have been made regarding language interpreters. The Inmate Handbook is printed in English and Spanish. The PREA audit notice was printed in English and Spanish. The evidence shows the facility ensures 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, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.

Provision (c):
The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.364, or the investigation of the inmate's allegations.

In accordance with policy and interview results, the facility prohibits the use of inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreter services could jeopardize an inmate's safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed inmates have not been used to relate PREA information to or from other inmates in the past 12 months. There were no inmates in need of an interpreter during the site visit.

Conclusion:
Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding inmates with disabilities and inmates who are limited English Proficient.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

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

115.217 (b)

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

115.217 (c)

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

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
IDOC AD 03.02.107, Background Investigations
IDOC AD 03.02.108, Standards of Conduct
Memo: Illinois Department of Central Management Services: Sexual Harassment Policy (12/15/17)
State of Illinois Code of Personal Contact TEAM Requirements
IDOC PREA Policy Guidelines Hiring and Promotion
IDOC PREA Pre-Employment Self-Report
IDOC Background Investigations Release and Consent

Interviews:
Supervisor
APC
FPCM
Staff

Provision (a) & (f):
(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—
(1) 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);

(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) of this section.
(f) The agency shall also 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.

IDOC Policy on Background Investigations; 03.02.100 Administrative Review of Personnel and Service Issues; IDOC memos and corresponding local policy/documentation require compliance to this standard. The Facility Supervisor, APC and FPCM were interviewed and all stated that all components of this standard have been met. The auditor contacted the IDOC personnel office to clarify several components of this standard. Employees cannot be hired if they have a history of involvement with sexual abuse. All employees, contractors and volunteers have had criminal background checks completed. Staff cannot be promoted if they have a history of any abuse. A tracking system is in place to ensure that the IDOC is informed of any employee arrests. Policy clearly states the submission of false information by any applicant for employment is grounds for termination. The FVATC makes a significant effort to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to hiring any staff. A review of documentation (PREA Screening Form) supports compliance to this standard.

According to IDOC Policy, all applicants are asked about any prior misconduct involving any sexual activity. In addition, the facility shall not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the agency does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse.

Provision (b):
The agency shall consider any incident 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.

The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview with the Supervisor was aligned with the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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. Based on the review of the personnel files, records provided during the pre-audit phase, and the interview with the Supervisor, the facility follows this provision of the standard.

Provisions (c) & (d):
(c) Before hiring new employees or (d) contractors who may have contact with inmates, the agency shall:
(1) Perform a criminal background records check;
(2) Consult any child abuse registry maintained by the State or locality in which the employee would work;
(3) 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.

The IDOC policy requires background checks to occur prior to inmates receiving services from contractors and volunteers and confirmed by the Supervisor's interview. Additionally, best efforts should be made 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. Based on the review of documentation and interview with the Supervisor, the facility follows this provision of the standard.

Provision (e):
The agency shall 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.

The IDOC policy is aligned with the requirements of the provisions of the standard and provides background checks occur prior to employment and every five years thereafter. Initial background checks and five-year checks were reviewed while onsite and during the pre-audit phase. This was also confirmed during the Supervisor's interview. Based on the review of documentation and the interview, the evidence shows the facility practices are aligned with the provisions of this standard. The Supervisor stated that the facility continuously monitors the background of employees through the computer criminal history check using the Law Enforcement Agencies Data System (LEADS). A tracking system is in place to ensure that the IDOC is informed of any employee arrests.

Provision (g):
Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Facility Policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and the interview with the Supervisor, the evidence shows the facility follows this provision of the standard. AD 03.02.100, Administrative Review of Personnel Issues and AD 01.02.107, Background Investigation, address the requirements of the standard. All employees, contractors and volunteers who have regular contact with offenders have criminal background checks completed by the IDOC's Background Investigations Unit prior to having contact with offenders.

Provision (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.

The interview with the Supervisor confirmed the facility would provide this information if requested to do so. Facility Policy also states the information would be provided when requested unless it is prohibited by law to provide the information. All applicants are asked about prior misconduct and are required to certify and confirm by signing a Prison Rape Elimination Act Pre-Employment Self-Report (DOC Form 0450). Employees have a duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The agency provides 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.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of the standard regarding hiring and promotion decisions.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes ☐ No ☐ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes ☐ No ☐ NA
-

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Provision (a)(b):
If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse?

In 2014 the Illinois Department of Corrections developed a State-Wide Security Camera contract for the agency to procure from. This plan was developed to assist the Department's continued efforts to prevent rule violations and misconduct to include the prevention of sexual abuse throughout the entire Department. In developing this plan from the Prison Rape Elimination Act, specifically standards 115.213, "Supervision and Monitoring," and 115.218, "Upgrades to facilities and technologies," were taken into consideration.

There is no video or electronic monitoring technology or cameras on the premises; however, the auditor observed a number of concave mirrors throughout the building which enhances staff supervision. The

Facility Supervisor and APC stated that FVATC is included in the State-Wide Security Camera contract and a request has been submitted to address the facility's needs.

Conclusion:
Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (b)

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

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention
IDOC D 01.12.112, Preservation of Physical Evidence
IDOC AD 01.12.120, Investigations of Unusual Incidents
A List of Community Resources available for the provision of Counseling and/or Treatment of Services to Offenders
MEMO: Illinois Division of Forensic Services

Interviews:
Medical Provider AMITA Health Mercy Medical Center Aurora, Illinois
Supervisor
FPCM
APC

Provisions (a) & (b):
(a) To the extent the agency is responsible for investigating allegations of sexual abuse the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for inmates and, as appropriate, shall be 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.

Agency policy, IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention provides for the uniform Protocols to be followed. The Protocol is outlined based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication. The facility does not conduct criminal investigations. The Supervisor informed the auditor that such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at AMITA Health Mercy Medical Center located in Aurora, IL.

Provision (c):
The agency shall offer all inmates who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The facility Policy and staff interviews verified that forensic medical examinations whether on-site or at an outside facility, would be without financial cost, where evidentiary or medically appropriate by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

Provisions (d) & (e):
(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make

available to provide these services, a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

A review of a memo dated April 1, 2016 from the Wexford Health Sources Incorporation verified the facility has an agreement with the Victim Support Services offering victim advocate services. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

Provisions (f):
(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. .

Allegations of sexual abuse that are criminal in nature are conducted by the ISP Division. The ISP Division is required to follow the agency protocol regarding sexual abuse/assault investigations. Agency policy, AD 01.12.112, Preservation of Physical Evidence and AD 01.12.120, Investigations of Unusual Incidents provides for the uniform Protocols to be followed.

Provision (h):
For the purposes of this standard, 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.

A review of training documentation revealed that medical and mental health staff is trained to provide supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination upon request; and provision of information and resources. In addition to l local rape crisis centers, Qualified Mental Health Professionals on staff at the facility are available to provide victim advocacy services. Additional and ongoing training opportunities are available through Wexford Health Sources, Inc. CORR-Educator online course catalog.

Provision (e): Auditor is not required to audit this provision.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility follows the provisions of this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Documents Reviewed:
AD 01.12.120, Investigations of Unusual Incidents
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 01.12.101, Employee Criminal Conduct
DR 112 and the Illinois State Police / Illinois Department of Corrections Memorandum of Understanding
Pre-Audit Questionnaire
Title 20 Illinois Administrative Code - Part 112, Internal Investigations

Interviews:
Investigators Rivers Correctional Center
Supervisor
PCM
APC
Random Inmates
Random Staff

Provision (a):
The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through their interviews. The facility reports no allegations of sexual abuse and one allegation of sexual harassment. The facility Policy and the MOU ensures the cooperation between the facility staff and the ISP Division. Documentation reviewed from the ISP discusses the training and experience of investigators that may be assigned to conduct investigations.

Provision (b) and (c):
The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Agency Policies Title 20 Illinois Administrative Code - Part 112, Internal Investigations detail a comprehensive set of procedures to ensure that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. This policy describes the responsibilities of both the facility and the investigating agencies. This was verified in the interview with the Agency Head. If the allegation involves potentially criminal behavior, the Supervisor or designee shall contact local law enforcement. All incidents shall be documented in an Informational Incident Report. There was 0 PREA-related allegations made during the previous 12 months. Staff interviews and training documentation confirmed that all staff have been trained on their responsibilities as mandatory reporters and understand their responsibilities to report through local channels and/or local law enforcement (i.e., Illinois State Police) for sexual abuse incidents or suspicions.

The facility's website provides the information and related policies for reporting allegations of sexual abuse. A third-party reporting form is also on the website. Reporting information is also posted in various areas of the facility including but not limited to living units. The posted information is accessible

to inmates, staff, contractors and visitors. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility investigators and sexual abuse allegations that are criminal in nature are investigated by the ISP Department.

Provision (d): Auditor is not required to audit this provision.

Provision (e): Auditor is not required to audit this provision.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

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

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 03.03.102, Employee Training
IDOC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
PREA Cadet Training and PREA Cycle Training PowerPoint Presentations

Interviews:
APC
FPCM
Supervisor
Random Staff

Provisions (a) and (c):
All employees shall be provided information on the agency's zero tolerance of sexual abuse and sexual harassment of offenders and an overview of staff duties to meet PREA requirements. Documentation of receipt of the information and training shall be maintained in the employee training file.

The agency shall train all employees who may have contact with inmates on:
(1) Its zero-tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
(3) Inmates' right to be free from sexual abuse and sexual harassment;
(4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between inmates;
(8) How to avoid inappropriate relationships with inmates;
(9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
(11) Relevant laws regarding the applicable age of consent.

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

A review of lesson plans, training logs and PREA PowerPoint presentations confirmed that the provided Refresher training addressed all listed elements of the standard. The review of sign-in sheets for custody and non-custody personnel confirmed attendance for PREA training. All employee interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and harassment and their responsibilities. PREA training is part of new employee orientation and included each year as part of annual refresher (cycle) training.

The IDOC Policy ID 04.01.301 addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of Policy and training documents. The documents and staff interviews support that refresher training is also conducted and is documented. FVATC staff interviewed and the APC reported the

training is provided as required. All staff interviewed and documentation reviewed verified the general topics identified in the PREA Standard identified above were included in their training. The Policy, training materials, staff interviews, review of the trainings log and acknowledgement statements verify the staff training occurs. Training is conducted annually, and refresher training is provided as needed. Staff interviews confirmed they have received training on the 11 required topics. Based on the review of the Pre-audit questionnaire, training curriculum, associated training materials and records, and staff interviews, the facility complies with the provisions of the standard.

Provision (b):
Such training shall be tailored to the unique needs and attributes of inmates and to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

The Policy state the training shall be tailored to the needs and attributes to the population served. The facility houses male inmates and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff.

Provision (d): The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The Policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. The facility follows this provision of the standard.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is following the provisions of this standard. The evidence reviewed shows staff members are provided all the required training topics.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
IDOC Volunteer/ Contractor Training (A Guide for the Prevention and Reporting of Sexual Abuse with Offenders)
IDOC Volunteer Handbook
IDOC Sexual Abuse and Custodial Sexual Misconduct Pamphlet

Interviews:
Contractors
Supervisor
PCM

Provision (a):
The agency shall ensure 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.

IDOC Policies require volunteers and contractors who have contact with inmates, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of training records and interviews document the training occurs. All contractors and volunteers have received PREA training, to include the agency's zero-tolerance policy, reporting and responding requirements. The training is documented, and copies of training sign-in sheets and other related documents were reviewed by the Auditor. Interviews were conducted with one contract staff and one volunteer, which revealed that they received the appropriate training. A review of documentation and staff interviews confirmed compliance to this standard.

Provision (b):
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, but all volunteers and contractors who have

contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. The contractors and volunteers also stated the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of inmates.

Provision (c):
The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The PREA Volunteer Guideline Agreement contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of this standard regarding volunteer and contractor training. IDOC Policy meets the requirements of the standard.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 05.07.101, Reception and Orientation-Adult Process
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention
IDOC 0291, Offender Orientation Training

PREA Posters (English and Spanish); Offender handbook
IDOC PREA Fliers and Orientation Video Bullet Points

Interviews:
Inmates (Random and Targeted interviews)
Intake Staff
Contractors
PCM

Provisions (a):
During the intake process, inmates shall receive information explaining, in an age appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate 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.

Facility Policy provides all inmates admitted receive information about the facility, including PREA education. Inmates receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. According to the Supervisor and the inmates interviewed, an orientation is provided to inmates during the intake process. Policy provides that inmates receive a comprehensive age-appropriate PREA education session within 10 days of admission to the facility. The results of the staff and inmate interviews indicated the information provided to the inmates is comprehensive and age-appropriate.

The intake staff's interview revealed inmates are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The PREA education sessions also include a review of the Facility Safety requirements. The inmates sign acknowledgement statements confirming their receipt of the PREA information. A review of documentation showing dates and indicating inmates' participation in PREA education sessions confirmed the PREA education sessions occur. The PREA-related information is provided to staff in policies and procedures, training and staff meetings.

Provision (b):
Current inmates who have not received education prior to arrival at the facility shall be educated within one year of the effective date of the PREA standards and shall 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.

The Intake staff was interviewed regarding PREA education for inmates transferred to FVATC. Available documentation reviewed indicated that inmates' receipt of the information, including the inmate signing the acknowledgement form.

Provision (c):
The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all inmates including those who may be hearing impaired; deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the inmate. Posted PREA information is in English and Spanish accessible to inmates, staff,

contractors, volunteers, and visitors. Staff interviews confirmed inmates are not used as translators or readers for other inmates. Inmates with cognitive disabilities revealed and understanding of the PREA information provided.

Provision (d):
The agency shall maintain documentation of inmate participation in these education sessions.

A sample of signed acknowledgement statements were reviewed which supported the inmates' involvement in PREA education sessions. The inmates were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The PREA Compliance Manager was interviewed regarding PREA education for inmates. The PREA Compliance Manager ensures inmates' receipt of the information, including the inmate signing the acknowledgement form.

Provision (e):
In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

The PREA education materials provide inmates information on how to report allegations of sexual harassment and sexual abuse. A brochure is provided to each inmate to eliminate incidents of sexual abuse and sexual harassment. The brochure provides educational information regarding sexual abuse and victims. The inmates revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; access to the hotline to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each inmate is provided a Handbook and Safety Brochure. Posters were observed placed throughout the facility and were easy to see and read.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provision of this standard.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (b)

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

- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 03.03.102, Employee Training
IDOC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 01.12.115, Institutional Pathlore Printout Investigator Training

Interviews:
Investigators
Supervisor
PCM

Random Staff

Provision (a)
In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Agency investigators have received PREA specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting. An examination of the training records and staff interviews confirm completion of the required instruction, and compliance to this standard.

Provision (b)
The agency specialized training shall include: Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings and evidence required to substantiate a case for administrative action or prosecution referral.

The Agency Policy AD 01.12.115 identifies specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting. An examination of the training records and staff interviews confirm completion of the required instruction, and compliance to this standard. Training topics includes Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings and evidence required to substantiate a case for administrative action or prosecution referral.

Provision (c)
The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The agency has maintained documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. An examination of the agency investigators training records and interviews with the APC and the Facility Supervisor confirm compliance to this standard.

Provision (d): Auditor is not required to audit this provision.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provision of this standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
  ☒ Yes ☐ No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 03.03.102 Employee Training; AD 04.04.100, General Provisions
AD 04.04.102, Suicide Prevention and Intervention Emergency Services and

AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

Interviews:
Contractors
Supervisor
PCM

Provision (a)
The agency shall 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, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility does not have full-time medical and mental health care staff on site. However interviews with the Facility Supervisor and APC revealed that agency health care staff (contract and Illinois State Employees) receive PREA training and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter.

Provision (b)
If medical staff employed by the agency do not conduct forensic examinations. All Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff.

Provision (c)
The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere, and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331 and practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332.

The agency maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or Local Hospital program requirements.

Provision (d):
All medical and mental health care practitioners employed or contracted by or volunteering by the agency also receive training mandated for employees.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provision of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No

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

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

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

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 05.07.101, Reception and Orientation
DOC 0372 Mental Health Screening Form
DOC 0494 Evaluation of Suicide Potential Form

Interviews:
PREA Coordinator
Staff Responsible for Risk Screening
Inmates

Provision (a):
All inmate arrivals at the facility and periodically throughout an inmate's confinement, the agency shall obtain and use information about each inmate's personal history and behavior to reduce the risk of sexual abuse by or upon an inmate.

Policy IDOC 05.07.101 addresses risk screening. All inmates are screened upon arrival for potential risk, utilizing the Admission and Placement Screening, which contains the elements required by the standard. If the result from the Risk Assessment Tool indicates a probability for victimization or sexually aggressive behavior and/or violent behavior, the inmates shall be assigned to an appropriate room for safety. If the screening indicates that an inmate has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the inmates a follow-up meeting with a facility Mental Health specialist. The follow-up shall be completed within 14 days.

The Intake staff also completes an inspection of any other medical and mental health screenings that may have been conducted, as well as conversations with the inmates during the admission process. Existing court records and case files are also consulted, if available. Policy requires intake staff, as part of the risk screening process, to attempt to ascertain information about any gender non-conforming appearance, mannerisms, or identification as LGBTQI.

Provision (b):
Within 72 hours of arrival to the facility intake screening shall take place. The assessments shall be conducted using an objective screening instrument.

Disclosure of prior victimization or perpetrated sexual abuse is addressed during the time of disclosure. The information is related to mental health personnel following the disclosure of the information. A review of documentation, interviews with inmates and staff confirmed the Vulnerability Assessment is administered. The information for the instrument may be obtained by asking questions from the form, medical and mental health screenings and other methods. All inmates interviewed could identify specific areas inquired about in the administration of the Vulnerability Assessment. Reassessments are conducted periodically.

Provision (c):
All PREA screening assessments conducted shall use an objective screening instrument. The Vulnerability Assessment is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and an inmate's concern regarding his own safety.

The interview and review of Policy revealed how the objective instrument is administered to glean information to assist staff in keeping inmates safe. The responses on the instrument garner a score and the risk level is determined by definition and the corresponding number to that definition. The Policy states inmates will be screened within 72 hours of admission; however, interviews with inmates indicated it is also administered earlier. The facility provided the Auditor with examples of the screening tool which verified that inmates are screened whether a new admission or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other inmates.

Provision (d):
At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the inmate may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The inmate's own perception of vulnerability; and (11) Any other specific information about individual inmates that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other inmates.

The Auditor reviewed the IDOC DOC 0372 Mental Health Screening Form, Sexual Assault Victim Assessment Checklist screening instrument, and determined all factors required by this provision of the standard are included. The interview with the PREA Compliance Manager confirmed the awareness of the elements of the risk screening instrument. The inmate interviews also confirmed the administration of the screening instrument. This information was ascertained through conversations with the inmate during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the inmate's files.

Provision (e):
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.

The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. Interviews revealed the information is only available to the PREA Compliance Manager and the mental health staff. The documents are kept in the inmate's file in a locked file cabinet. The office is locked when unoccupied by the PREA Compliance Manager. The Auditor observed the files to be maintained in a secure manner. The evidence shows the facility follows this provision of the standard.

Provision: (f)
Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?

Inmates are assessed as needed, at least every 30 days, and more specifically if an inmate makes an allegation of sexual abuse or harassment the entire screening is re-conducted. Files showed that all screenings were conducted within 24 hours of intake. Inmate interviews confirmed that they received a risk screening during the admission process. Interviews with Specialized Staff who perform the risk screenings confirmed the comprehensive nature of the screenings and how housing decisions were made.

Provision (g)
The facility shall reassess an inmate's risk level when warranted due to a referral, inmates' request, an Incident of sexual abuse and due to a receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The facility Policy states the information shall be ascertained through conversations with the inmate during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the inmate's file. The staff and inmate interviews are aligned with the Policy and this provision of the standard. The review of the instrument and interview with the PREA Compliance Manager responsible for risk screening confirmed the information is ascertained through conversations with the inmates using the screening instrument. Inmate interviews also revealed the instrument is used. Additional screening instruments are used and based on the needs of the inmate.

Provision (h)
Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?

Provision (i)
Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?

All risk assessment documentation is securely maintained and accessible only on a need to know basis.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

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

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

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

115.242 (b)

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

115.242 (c)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

****

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders
ID 04.01.301, Offender Sexual Assaults-Prevention
Intervention and DR 420
DOC 0372 Mental Health Screening Form
Interviews:
Inmates
PREA Compliance Manager
Supervisor
Staff Responsible for Risk Screening/Intake
Random Staff

Provision (a):
The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for inmates with the goal of keeping all inmates safe and free from sexual abuse.

The facility Policy provides guidance to staff regarding the use of the information obtained from the DOC 0372 Mental Health Screening Form. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all inmates safe and meeting the needs of each inmate. This information was verified through a review of specific samples of the aforementioned completed screening instrument. The facility also uses additional screening instruments.

Provision (b):
The agency shall make individualized determinations about how to ensure the safety of each resident.

Inmates may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other inmates safe, and then only until an alternative means of keeping all inmates safe can be arranged. During any period of isolation, agencies shall not deny inmates daily large-muscle exercise and any legally required educational programming or special education services. Inmates in isolation shall receive daily visits from a medical or mental health care clinician. Inmates shall also have access to other programs and work opportunities to the extent possible.

Provision (c):
In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

The PREA Compliance Manager's interview confirmed the facility would consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Provision (d):
Each transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration when making facility and housing placement decisions and programming assignments

When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems.

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

The Policy states transgender or intersex inmates shall be given the opportunity to shower separately from other inmates which is also supported by staff interviews.

Provision (f):
Transgender or intersex inmates shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The Policy prohibits placing lesbian, bisexual, transgender, or intersex inmates in specific housing or making other assignments solely based on how the inmates identify or their status. The Policy prohibits staff from considering the identification as an indicator that these inmates may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex inmates. The restroom/showers were observed and were configured for a reasonable amount of privacy. A targeted inmate interview revealed there is no special housing based on how an inmate identifies, which was also supported by staff interviews and observations.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding use of screening information.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
IDOC 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B)
PREA Poster: How to Report; Offender Handbook (English and Spanish)
MOU between IDOC/John Howard Associations
Offender Request Form
Mental Health Referral
PREA Report Line

Interviews:
Random Staff
Inmates
Supervisor
PCM

Provision (a):
The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. IDOC policy covers this standard. For the reporting duties and confidentiality Section A covers it. Inmates have several ways to report incidents. They also have established hotlines for both staff and inmates to use to report PREA incidents. The Auditor tried the phone number while on–site and it worked appropriately.

Facility Policy addresses this standard and provides for multiple internal ways an inmate may report allegations of sexual abuse and sexual harassment, including how they can privately report sexual

abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Inmates may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour hotline of an agency not a part of the facility as confirmed by inmate interviews, posters, staff, MOU between IDOC/John Howard Associations, and posted phone instructions. IDOC staff interviews revealed inmates may use the telephone, located on each unit, to privately report sexual abuse and sexual harassment. The telephone was tested during the comprehensive site review and was found to be in working order. The inmates also identified internal ways they could report such as completing a grievance form; talking to a trusted staff member; completing a Medical Request Form; or tell an outside person or family member. There are designated locked boxes and forms on the living units for depositing the written grievance forms.

Provision (b):
The agency shall also provide 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 and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

A review of documentation and staff/inmate interviews indicated there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. Inmates have an option to contact the John Howard Association (JHA) through written communications or the PREA Report Hotline to report an allegation of sexual abuse or harassment. JHA is a private entity and is not associated or otherwise connected to the IDOC.

Provision (c):
Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

IDOC Policy AD 04.01.301 requires staff to report any knowledge, suspicion, or information regarding an incident of offender sexual abuse or offender sexual harassment. All staff are required to report retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The staff interviews confirmed the methods available to inmates for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All inmates interviewed revealed they are familiar with the provisions of the standard. The inmate interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a grievance or Medical Request Form, or through a third-party. The inmates were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed was aware of their duty to receive and document third-party reports.

The facility provides inmates with access to tools necessary to make a written report. Writing materials are readily available for inmates to complete the accessible forms. Prior to the site visit pictures were sent to the Auditor showing the reporting forms such as Grievance forms and Medical Request Forms and the accessibility of writing utensils.

Provision (d):
The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of the telephone on the living units; use of telephone in an office; third-party reporting form online; report by email to

administrative staff; and/or talk to supervisor in private. All information concerning an event of offender sexual abuse or sexual harassment is to be treated as confidential. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse/harassment report to anyone other to the extent necessary, as specified in IDOC Policy AD 04.01.301, to make treatment, investigation, and other security and management decisions.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding inmate reporting. The inmates have multiple internal ways to privately report.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.252 (f)

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

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Title 20 Illinois Administrative Code, AD 04.01.114
Local Offender Grievance Procedure
IDOC 0046, Offender Grievance Form (English and Spanish)

Interviews:
Inmates
Random Staff
PCM

Provision (a):
An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

The auditor confirmed FVATC has administrative procedures to address inmate grievances regarding sexual abuse as determined by the review of IDOC 0046, Offender Grievance Form, no grievances have been filed related to sexual abuse and no evidence to the contrary. In the interviews with the Supervisor and FPCM, it was stated that if a grievance or note from the grievance box indicates a PREA allegation being reported, the grievance is immediately treated as if it had just been reported verbally with proper steps and reporting conducted.

Provision (b):
(1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by an inmate claiming the applicable statute of limitations has expired.

The facility Policy provide for the above provisions. Based on the review of the Inmate Handbook, Administrative Review of Grievance form, inmate interviews, and observations, the facility provides relevant information to the inmates and has timelines in place to adhere to this provision of the standard.

Provision (c):
The agency shall ensure that (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

According to the Policy, formal and informal staff interviews, and observations, inmates are not required to give a grievance to a staff member and staff members are not permitted to place a grievance in the box for the inmate. A locked grievance box is located on each housing unit. Policies address procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse.

Provision (d):
(1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. (3) The agency 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 agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) 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, the inmate may consider the absence of a response to be a denial at that level.

There were no grievances submitted that alleged sexual abuse in the 12 months preceding the audit. Based on the review of the Policy, inmate interviews and Pre-audit questionnaire evidence shows the facility follows this provision of the standard.

Provision (e):
(1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) If a third party, other than a parent or legal guardian, 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. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The Policy and the Third Party Reporting Form provide that third parties may file a grievance on behalf of inmates and such action is not conditioned upon the inmate agreeing to the filing of the grievance. There were no grievances alleging sexual abuse filed in the 12 months preceding the audit in which the inmate declined third-party assistance. Based on the review of the Pre-audit questionnaire, and associated memos of non-occurrence, evidence shows the facility follows this provision of the standard.

Provision (f):
(1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The Policy provides for this provision of the standard. Once the grievance is received, it is dealt with through the appropriate administrative channels and Policy states that the inmate will receive an initial response within 48 hours and a final agency decision within five calendar days. There were no emergency grievances filled over the past 12 months.

Provision (g):
The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

The Policy requires the actions of this standard provision. During the past 12 months, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. Based on the review of the Policy, associated memos of non-occurrence, and posted information, evidence shows the facility follows this provision of the standard.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers,

including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B)
MOU IDOC/John Howard Association
PREA Report Line
The Offender Handbook (English and Spanish)

Interviews:
Inmates
Supervisor
FPCM
Advocacy Agency

Provision (a):
The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

The facility currently has a letter/agreement with the John Howard Association who acts as an anonymous reporting conduit for Offenders and a designated "Outside Confidential Services Provider." The Mental Health staff at SCC is available to provide supportive services to inmates upon request. The Inmate Orientation Manual outlines the steps on how to report PREA violations and who to report to, and where to report, along with the PREA Report Line telephone number and addresses. Staff and offender interviews confirmed compliance to this standard.

Provision (b):
The facility shall 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.

The Policy addresses confidentiality of the advocacy support services. The inmate receives information regarding the limitations of confidentiality during the intake process. Inmate communications to these services are not monitored. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided. Samples of acknowledgement statements were reviewed.

Provision (c):
The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The facility Policy states the facility shall have a letter/agreement with local advocacy agency that may provide inmates with emotional support. The Sexual Assault Center provides inmates with confidential emotional support services related to sexual abuse. The FPCM and the APC confirmed the availability and accessibility of outside confidential support services to inmates. According to the agreement, an advocate of the Sexual Assault Center would go to the facility or the hospital upon request. The agency has copies of agreements or documentation showing attempts to enter into such agreements.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding inmate access to outside confidential support services and legal representation.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
IDOC Website
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B)
MOU IDOC/John Howard Association
PREA Report Line
The Offender Handbook (English and Spanish)

Interviews:
Random Staff
Inmates
PCM

Provision (a):
The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The Policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received. The interviews revealed they may report allegations privately through the use of the abuse reporting hotline or a third party reporting form. All inmates interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the inmates revealed their knowledge of third-party reporting. The inmates identified the methods within the facility in which they may make third party reports such as file an emergency grievance, report to staff or a family member, or utilize the abuse reporting hotline telephone.

Information regarding reporting is provided through observed postings located in various areas of the facility accessible to visitors, inmates, staff, contractors and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

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

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 03.02.108, Standards of Conduct
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention
Title 20 Illinois Administrative Code, Rules of Conduct
IDOC ID 03.02.108, Standards of Conduct

Interviews:
Random Staff
Health Staff Local Hospital
Supervisor
PCM

Provision (a) and (b):
The agency shall require 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

IDOC Policy ID 03.02.108, Standards of Conduct state that any person(s) providing services in the facility who receives information, regardless of its source, concerning staff sexual misconduct, inmates sexual abuse, sexual harassment, or inmates sexual misconduct, or who have reason to suspect, or who observe an incident, are required to immediately report the incident to the Shift Supervisor and Supervisor or Designee. All staff, contractors and volunteers are required to report information or

suspicion regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or retaliation. Employees are instructed to report the instances to other employees with a need-to-know. All reports, including third party reports are submitted for investigation. Interviews with employees confirmed they were aware of their reporting duties. Interviews with medical and mental health personnel confirmed that they were aware of their duty to report evidence or reports of sexual abuse and sexual harassment.

The Agency's trained investigators conduct internal administrative PREA investigations and all allegations that are criminal in nature, are referred to the ISP Division.

Policy states that all information related to a victim of staff sexual misconduct or inmate sexual abuse shall be considered confidential and shall only be released to those who need this information to perform their duties. All staff understands that they are mandatory reporters. Medical and mental health staff report that they inform inmates of their duty to report and the limitations of confidentiality at the initiation of services. All staff is mandated child abuse reporters and receives appropriate training. Staff interviews confirmed that medical staff is mandated child abuse reporters and that they inform inmates of their duty to report and the limitations of confidentiality.

Provision (c):
Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited 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.

Title 20 Illinois Administrative Code, Rules of Conduct supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the inmate, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of 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 are instructed to report the instances to other employees with a need-to-know. Based on the review of documentation and interviews with staff, it is evident the facility follows this provision of the standard.

Provision (d):
(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform inmates at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed stated inmates are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. Medical and mental health staff report that they inform inmates of their duty to report and the limitations of confidentiality at the initiation of services.

Provision (e):
The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The Policies collectively provide for all allegations to be reported to the facility-based investigators, including third-party and anonymous reports as also verified by staff interviews.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Document Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
IDOC AD 05.01.001k Protective Custody
IDOC AD 05.12.001k3 Administrative Placement Protective Custody

Interviews:
Supervisor
PCM
Random Staff
Random Inmates

Provision (a):
§115.362 when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

IDOC Policy requires staff to protect the inmates through implementing protective measures. Administration of the Vulnerability Assessment provides information that assists and guide staff in keeping inmates safe through housing and program assignments. The interviews of the random staff and with the Supervisor revealed protective measures include but are not limited to alerting supervisors and management staff and separating the inmates including moving to a different housing unit. The

Supervisor indicated the expectation is that any action to protect an inmate would be taken immediately. If staff has a reason to believe that staff sexual misconduct or inmate sexual abuse has occurred, the employee shall take reasonable and appropriate measures to assure victim safety. Staff reports that they are to separate the inmates and notify the Supervisor. The Checklists regarding the investigations of allegations serves to assist the investigator in ensuring the required protocols are followed.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard and the provisions regarding agency protection duties.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
DR 112 and ID 04.01.301, Offender Sexual Assaults Prevention and Intervention

Interviews:
Supervisor
PCM

Provisions (a), (b), (c), and (d):
Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Policy requires that any allegation by an offender that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, there were no allegations that an offender was abused while confined at another facility. Staff interviews confirmed compliance to this standard.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program states that allegations of sexual abuse reported to have occurred at a prior facility or any institution shall require that the Supervisor receiving the report notify the Supervisor where the alleged incident occurred. If there is no evidence that a report has been made previously, a report shall be made per agency policy. The Supervisor stated that it is expected that such a report be made immediately upon learning of the allegation.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 01.12.112, Preservation of Evidence

Interviews:
Random Staff
Non-Security Staff First Responder
FPCM
Supervisor
Shift Supervisors

Provision (a):
Upon learning of an allegation that an inmate was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) 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 (4) 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.

Facility Policy AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program provides that upon learning of an allegation that an inmate was sexually abused, the first security-level staff member to respond to the report shall be required to: (a.) Separate the alleged victim and abuser; (b.) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (c.) 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.

Staff indicated they would separate the offenders, secure the scene, would not allow offenders to destroy any evidence, contact the shift supervisor and refer the offender to medical and psychology staff. No first responder actions have been required within the last year. Policy dictates that a member of the security staff shall be promptly notified, if the first responder is other than security staff. A review of policy and staff interviews confirmed compliance to this standard. The interviews with staff confirmed awareness of first responder duties and the training they had been provided. All staff interviewed was knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment.

Provision (b):
If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

A counselor and mental health staff interviewed identified as non-security staff who may act as a first responder were familiar with the duties in that role. They stated that they would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. If needed, they would go with the victim to the hospital.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
IDOC 04.01.301, Offender Sexual Assaults-Prevention and Intervention

Interviews:
Supervisor
Random Staff

Provision (a):
§115.365 The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard. Policy provides detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with staff confirmed that they were knowledgeable regarding their required duties in the coordinated response process.

The random staff interviewed revealed that they were familiar with the roles regarding the response to an allegation of sexual abuse. The Supervisor discussed the coordinated actions in response to an incident of sexual abuse which was parallel to Policy and the flow chart. Staff members are directed to follow the steps outlined and to utilize the Checklist in addressing the situation.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Collective Bargaining Agreement (CBA) with the American Federation of State, County and Municipal Employees

Interviews:
Supervisor
APC
PCM
Random Staff

Provision (a):
Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted

The agency's current collective bargaining agreement (CBA) with the American Federation of State, County and Municipal Employees was entered into on July 2012, prior to the adoption of these standards. The current agreement does not prohibit the agency from removing alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interviews with the Supervisor and the agency PREA Coordinator indicated that the collective bargaining agreement does not hamper the agency's

commitment to protect offenders through any disciplinary action of a staff member, including reprimand, suspension, demotion, and discharge or to otherwise discipline employees with proper cause.

Provision (b):
Auditor not required auditing this provision.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
  ☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention
IDOC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention
AD 03.01.310 Sexual Harassment

Interviews:
Retaliation Monitor
Supervisor
PCM

Provision (a):
The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

The IDOC Policy 04.01.301, Sexual Abuse and Harassment Prevention and Intervention states the facility shall protect all inmates and staff from retaliation that report sexual abuse, sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The FPCM is responsible for monitoring retaliation. Periodic checks are included. The agency policy contains all requirements listed in the provision of the Standard. The policy states that monitoring terminates once the allegation has been labeled unfounded by the investigating entity. The PREA Compliance Manager is the designated staff member that monitors the conduct or treatment of offenders and/or staff members who have reported sexual abuse to insure any type of retaliation does not occur. Policy requires that monitoring for any type of retaliation will be done for at least 90 days. Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. This follow-up may also extend without limit if necessary. There have been no incidents of retaliation occurring within the previous 12 months. Staff interviews and an examination of policy confirmed compliance to this standard.

Provision (b):
The agency shall 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Policy identifies measures to protect staff and inmates including initiating housing changes or transfers for inmate victims or abusers; removing alleged staff or inmate abusers from contact with victims; and providing emotional support services. Staff and inmate interviews confirmed the facility would protect inmates and staff from retaliation for sexual abuse and sexual harassment allegations. The FPCM was knowledgeable on what to look for and what to do with respect to retaliation against, or by, inmates and/or staff. This includes periodic status checks. There were no instances of actual or threatened retaliation during the previous 12 months.

Provision (c):
For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Policy requires the monitoring of items identified in this provision of the standard. Supervisor explained during the interview how she would discharges those duties, including monitoring the items identified in the standard and whether an inmate filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond 90 days, if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

Provision (d):
In the case of inmates, such monitoring shall also include periodic status checks. The Supervisor indicated status checks would be initiated with staff and inmates. The Policy states periodic status checks will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing motoring and use of the Retaliation Status Checklist.

Provision (e):
If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

The Policy states if any other individual who cooperates with an investigation expresses the occurrence retaliation from another inmate or staff member, FVATC shall take appropriate measures to protect that individual against retaliation. Policies prohibit any type of retaliation to any offender or staff member who has reported sexual abuse, sexual harassment or has cooperated with such investigations.

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

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]
  ☒ Yes ☐ No ☐ NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No

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

115.271 (f)

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

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

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

115.271 (i)

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

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
  ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Title 20 Administrative Codes, DR Part 112, Internal Investigation
AD 01.12.101, Employee Criminal Misconduct
AD 01.12.120, Investigations of Unusual Incidents
Memo from IDOC Investigations and Intelligence Unit

Interviews:
Supervisor
PCM
Random Staff

Provision (a):

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Title 20 Administrative Code, DR Part 112, Internal Investigation, AD 01.12.101, Employee Criminal Misconduct and AD 01.12.120, Investigations of Unusual Incidents address the mandates of this standard. The facility promptly, thoroughly and objectively conducts its own investigations into allegations of sexual abuse and sexual harassment, including third party and anonymous reports. Facility investigators have received the necessary special training in sexual abuse investigations. Investigators gather and preserve direct and circumstantial evidence, including any available physical or DNA evidence, and any available other monitoring data. Interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The trained investigators also review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the investigators contact the ISP to complete the investigation. There was only one allegation of sexual abuse or harassment investigated within the past 12 months. A review of the report indicated the incident was investigated appropriately.

Provision (b):
Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.334.

All facility investigators has completed the Agency Investigation Training and certified to conduct administrative investigations. All facility investigators and have received additional training in conducting investigations as confirmed by a review of training certificates, training log, and training curriculum. The coarse lesson topics included how to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; investigators are required to interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Provision (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.

Facility and Agency Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy states that investigators are required to interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the investigators contact the Illinois State Police (ISP) Department to complete the investigation.

Provision (d):
The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Title 20 Administrative Code, DR Part 112, Internal Investigation provides that an investigation will not be terminated solely because the source recants the allegation. The interviews confirmed what the practice will be in accordance with the Policy and standard.

Provision (e):
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.

Investigations that are criminal in nature are investigated by the ISP Department as determined by staff interviews, and MOU supports this provision. Where reasonable grounds exist to suspect that an individual has committed a violation of criminal law, it shall be reported to the State's Attorney of the county in which the incident occurred or to the appropriate prosecuting official.

Provision (f):
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.

All investigations of allegations of sexual abuse or harassment are to be conducted in accordance with Administrative Directives 01.12.105 and 04.01.301, and with the standards and regulations adopted under the Prison Rape Elimination Act (PREA). In accordance with PREA standards, during the course of such investigations, the Department shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.

The Policy further states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and not be determined by the person's status as an inmate or staff. Additionally, no inmate who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation. The interviews with the facility-based investigators support the Policy.

Provision (g):
Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; (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.

The IDOC investigators have received the regular PREA training as evident through documentation, identifying that they have also received training in first responder duties and understanding the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Investigation reports reviewed included actions to indicate an effort to determine whether staff actions or failures to act contributed to the abuse. There were written reports that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Provision (h):
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.

Interviews with the facility Supervisor and the PCM, as well as a review of agency policy indicate compliance of this provision of the standard. Although no training documentation was available for review at the time of the on-site audit, the APC stated that appropriate training has been received by the ISP Division's investigators and their experience to conduct a professional investigation.

Provision (i):
Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Investigations that are criminal in nature are investigated by the Illinois State Police Department as determined by staff interviews, and MOU supports this provision. Where reasonable grounds exist to suspect that an individual has committed a violation of criminal law, it shall be reported to the State's Attorney of the county in which the incident occurred or to the appropriate prosecuting official.

Provision (j):
The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile inmate and applicable law requires a shorter period of retention.

There were no written reports for the past 12 months. In the event that reports are completed, the agency retains all files while the abuser is incarcerated or employed by the agency, plus five years, unless applicable law requires a shorter period of retention.

Provision (k): Auditor is not required to audit this provision.

Provision (l):
When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

IDOC Policy states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. According to the Supervisor, the case number is provided when an outside investigation is conducted so that follow-up can occur as needed.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Title 20 Administrative Codes, DR Part 112, Internal Investigation
AD 01.12.101, Employee Criminal Misconduct
AD 01.12.120, Investigations of Unusual Incidents
Memo from IDOC Investigations and Intelligence Unit
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and LLC ID 04.01.301

Interviews:
Facility Supervisor
PCM
Random Staff

Provision (a):
§115.272 -The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. An interview with the APC indicated 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. In addition, previous interviews with agency investigators indicated that the investigators have received the necessary special training in sexual abuse investigations.

Conclusion:
Based upon the review and analysis of the available evidence and the interviews, the Auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 01.12.120, Investigation of Unusual Incidents
PREA Investigations Finding Notifications Memo

Interviews:
Investigators
Supervisor
PCM
APC

Provision (a):
Following an investigation into an inmate's allegation of sexual abuse suffered in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Facility Policy AD 04.01.301 addresses the inmate being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The Supervisor and the APC will remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person(s), as determined by the interviews. The IDOC Policy provides that any inmate who makes an allegation of sexual abuse shall be informed by the Supervisor and APC in writing following an investigation, as to whether or not the allegation was substantiated, unsubstantiated, or unfounded. Following an investigation into an inmate's allegation of sexual abuse and receipt of the investigating agency's finding or findings, the Supervisor shall inform the inmates the determined outcome.

Provision (b):
If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

The IDOC Policy states the facility shall request all relevant information from the investigating agency in order to inform the inmate of the outcome of the investigation.

Provision (c):
Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Policy requires that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the inmate will be informed of the following, unless it has been determined that the allegation is unfounded, whenever: (a.) The staff member is no longer assigned within the inmate's housing unit; (b.) The staff member is no longer employed at the facility; (c.) The staff member has been indicted on a charge related to sexual abuse within FVATC; or (d.) The staff member has been convicted on a charge related to sexual abuse within the facility. There was no reported allegation that occurred within the last 12 months.

Provision (d):
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.

The IDOC Policy provides that following an inmate's allegation that he has been sexually abused by another inmate; the alleged victim shall be subsequently informed whenever: (a.) The alleged abuser is criminally charged related to the sexual abuse; or (b.) The alleged abuser is adjudicated on a charge related to sexual abuse.

Provision (e):
All such notifications or attempted notifications shall be documented.

The Policy provides that all such notifications or attempted notifications be documented. The IDOC PREA Investigations Finding Notifications Memo would serve to notify the inmate, in writing, regarding the provisions of this standard. In addition, the Annual PREA Compliance Report documents all cases.

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

Conclusion:
A review of reports and documentation, as well as interviews with staff, confirm the Standard requirements and staff knowledge of the process of reporting to an inmate regarding the outcomes of an allegation of sexual abuse. The Auditor has determined the facility is compliant with this standard regarding reporting to inmates.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
AD 03.01.120, Employee Review Hearing
AD 03.01.310, Sexual Harassment
ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention
AD 01.12.120 Investigations of Unusual Incidents
DR 120 and Standards of Conduct
Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention

Interview:
Supervisor
Random Staff
Random Inmates
Investigators
PCM
APC

Provision (a):
Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.01.120, Employee Review Hearing; AD 03.01.310, Sexual Harassment; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; AD 01.12.120 Investigations of Unusual Incidents; DR 120 and Standards of Conduct and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention address the mandates of this standard.

IDOC policy states that employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of IDOC policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Provision (b):
Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Interviews with the Human Resource Manager confirmed that employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse as confirmed by the Supervisor.

Provision (c):
Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Policy ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; provides that disciplinary sanctions for violations of IDOC policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Provision (d):
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.

IDOC Policy AD 01.12.120 Investigations of Unusual Incidents; DR 120 and Standards of Conduct states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to law enforcement, unless the activity

is clearly not criminal. In addition, staff interviews and review of reports and files indicated that incidents are reported to relevant licensing bodies.

Conclusion:
Based upon the review of Policy and interview, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 03.01.310, Sexual Harassment
AD 01.12.120, Investigations of Unusual Incidents
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention

IDOC ID 04.01.122, Volunteer Services

Interview:
Supervisor
Random Staff
Random Inmates
Contractors (2)

Provision (a):
Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and previously reported to relevant licensing bodies.

AD 03.01.310, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and IDOC ID 04.01.122, Volunteer Services address the mandates of this standard. Contractors or volunteers who engage in sexual abuse are prohibited from contact with offenders and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.

Provision (b):
The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interviews with the Supervisor indicated that the facility would take appropriate remedial measures, and consider prohibiting further contact with offenders, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, there were no contractors/volunteers reported to have engaged in an act of sexual abuse with an offender. Staff interviews confirmed compliance to this standard.

Conclusion:
Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliant with this standard regarding corrective action for contractors and volunteers.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

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

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
IDOC ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention
Title 20 Illinois Administrative Code–Administration of Discipline
05.12.103 – Administrative of Discipline for Offenders Identified as Seriously Mentally Ill
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
The Offender Handbook

Interview:
Supervisor
Random Staff
Random Inmates

Provision (a):
An inmate may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Title 20 Illinois Administrative Code–Administration of Discipline for Offenders Identified as Seriously Mentally Ill; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and the Offender Handbook address the mandates of this standard. The Policy further addresses an administrative process for dealing with rule violations and references the policy that deals with discipline. Sanctions are directly related to the seriousness of the negative behavior.

The interview with the Supervisor revealed the process regarding allegations of inmate-on-inmate abuse which can include the inmate being removed from the facility and placed in the detention center during the investigation by law enforcement. Offenders found guilty of an administrative finding or criminal finding of offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

Provision (b):
Any disciplinary 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. In the event a disciplinary sanction results in the isolation of a inmate, agencies shall not deny the inmate daily large-muscle exercise or access to any legally required educational programming or special education services. Inmates in isolation shall receive daily visits from a medical or mental health care clinician. Inmates shall also have access to other programs and work opportunities to the extent possible.

Title 20 Illinois Administrative Code–Administration of Discipline for Offenders provides that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. In the extreme event a disciplinary sanction results in the isolation of an inmate, FVATC shall not deny the inmate daily large-muscle exercise or access to any legally required educational programming or special education services. Policy further provides for daily visits by mental health and medical personnel. Inmates shall also have access to other programs and work opportunities to the extent possible and receive daily visits from medical and mental health staff, in accordance with the Standard.

Provision (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 IDOC Policy provides that the disciplinary process considers 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. This was confirmed by the interview with the Supervisor. The Supervisor also clarified that the facility does not make any determination regarding whether a particular activity constitutes sexual abuse.

Provision (d):
If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending inmate participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

IDOC Policy provides the facility considers whether to offer the offending inmate therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access to general programming or education.

Provision (e):
The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

Provision (f):
For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The IDOC Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Provision (g):
An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The Policy prohibits any sexual conduct between inmates. All such conduct is subject to disciplinary action. Court processes occur after determination the sexual activity was coerced.

Conclusion:
Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.282 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
  ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
04.04.100 General Provisions
IDOC ID 04.01.301 Offender Sexual Assaults-Prevention and Intervention
Corresponding Local Policy/Directives
Informed Consent Form

Interview:
Supervisor
Random Staff
Random Inmates
Medical Providers

Provision (a) and (b):
If the screening pursuant to § 115.341 indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (b): If the screening pursuant to § 115.341 indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Under 04.04.100, General Provisions, Medical and Mental Health Care provides that an inmate who indicates during initial screening that they were a victim or perpetrator of sexual abuse shall be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. Any inmates alleging victimization are transported to Presence Mercy Hospital or AMITA Health Mercy Medical Center Aurora, Illinois where SANE services are available. Acute trauma care shall be provided by the SANE program including but not limited to, treatment of injuries, HIV/AIDS education, timely access to emergency contraception, prophylaxis and testing for Sexually Transmitted Diseases. The policy states that victims shall be provided trauma assessment, crisis intervention, safety planning and address treatment needs. The Mental Health Specialist shall see the inmate's victim, as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the Mental Health Specialist shall develop a short-term trauma plan (i.e., psychiatric care, medication, mental health counseling, etc.) and an on-going counseling plan as needed. Inmates are informed during their intake orientation that all such services will be provided without financial costs (also written in the PREA information the inmates receive). The Facility Supervisor verified the procedures.

A review of documentation demonstrates inmates are offered follow-up meetings in a timely manner, prior to the 14 days. This information was also confirmed through the interview with the PREA Compliance Manager and Medical providers SANE/SAFE representatives.

Provision (c):
Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to

inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Information concerning treatment and access to care is offered immediately to all offender victims, as clinically indicated. The treatment is offered at no financial cost to the offender. All emergency decisions and care provided would be fully documented. A review of policy and Interviews with Facility Supervisor and FPCM supports a finding that the facility complies with this standard. IDOC Policies supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Provision (d):
Medical and mental health practitioners shall 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.

The IDOC Policy provides that their medical and mental health practitioners shall 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. FVATC does not have medical or mental health practitioners onsite.

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding medical and mental health screenings; and history of sexual abuse.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
IDOC ID 04.01.301, Offender Sexual Assaults Prevention and Intervention

Interviews:
Facility Supervisor

Provision (a):
The facility shall 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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and IDOC ID 04.01.301, Offender Sexual Assaults Prevention and Intervention address the mandates of this standard. During intake screening, the facility offers medical and mental health evaluation and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, or lockup. The Policy support medical and mental health evaluations and treatment will be offered to all inmates who have been victimized by sexual abuse. FVATC do not have medical or a mental health practitioner onsite. Agency Policy states that the Mental Health Specialist shall see the inmate's victim as soon as possible for assessment and crisis intervention, as appropriate.

Provision (b):
The evaluation and treatment of such victims shall 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.

The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. The facility would arrange for referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. FVATC do not have medical or a mental health practitioner onsite. Agency Policy states that the Mental Health Specialist shall see the inmate's victim as soon as possible for assessment and crisis intervention, as appropriate. Inmate victims of sexual abuse while incarcerated are offered testing for sexually transmitted infections as medically appropriate. Interviews with the Facility Supervisor confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The Policy states that follow-up services will be provided.

Provision (c):
The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Facility Policy and staff interviews revealed medical and mental health services are supplied by the local community level of care. FVATC do not have medical or a mental health practitioner onsite. Agency Policy states that the Mental Health Specialist shall see the inmate's victim as soon as possible for assessment and crisis intervention, as appropriate.

Provision (d):
Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

IDOC Policy states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. In addition, all inmate victims of sexual abuse while incarcerated are offered testing for sexually transmitted infections as medically appropriate. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed.

Provision (e):
If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

IDOC Policy and statements from Facility Supervisor and the APC indicated that If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Provision (f):
Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Inmate victims of sexual abuse while incarcerated are offered testing for sexually transmitted infections as medically appropriate. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing would be done at an Outside medical Center and follow-up services may be done at the facility, as needed.

Provision (g):
Treatment services shall be 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.

All treatment services will be provided at no cost to the victim, according to Policy and staff interviews.

Interviews with the Supervisor and APC indicated that on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The Policy states that follow-up services will be provided at no cost to the inmates.

Provision (h):
The facility shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Facility Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known inmate-on-inmate abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment. The Mental Health Administrator interview supported the Policy.

Conclusion:
Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
IDOC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention
Supervisor's Memo: PREA Incident Review Team

Interviews:
Supervisor
PCM
APC

Provision (a): The facility shall 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.

Facility Policy IDOC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention, investigations requires the facility to 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 deemed to be unfounded. The Supervisor is familiar with the Policy requirements. The Supervisor shall prepare a report of the findings to include recommendations for improvement. The Supervisor may implement the recommendations for improvement or shall document the reasons for not doing so. In that there were no substantiated or unsubstantiated findings that required a review, there were none completed in the previous 12 months.

Provision (b):
Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

There is a Critical Incident Review Form that is completed within 30 days of the outcome of an Administrative or Criminal Investigation. The review process considers whether: (a.) Changes in the policy or practice are needed; (b.) Whether race, ethnicity, sexual orientation, gender identity, gang affiliation or inmate's culture in the facility played a role; (c.) Physical barriers in the facility; (d.) Staffing levels, and (e.) Video monitoring needs.

Provision (c):
The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Supervisor has identified the incident review team members as the PREA Compliance Manager; the Counselors and Shift Supervisors. The Illinois State Police Department would be invited to the meeting, according to the Policy. The interview with the Supervisor confirmed the Policy requirements.

Provision (d):
The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider 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 or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Supervisor, review of Policy and documentation method confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including: considering the make-up and vulnerability of the population such as gang affiliation; whether the inmate identifies as gay, bisexual, transgender, or intersex; other group dynamics; assessment of the area relative to the allegations; and adequacy of staffing.

The Policy requires the meeting to be documented, including recommendations and the document provided to the Supervisor. The interview with the FPCM and Incident Review Team Member confirmed the facility prepares a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. They confirmed the team would consider all factors required by the standard.

Provision (e):
The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The Policy states the administration shall implement the recommendations for improvement, or shall document its reasons for not doing so. The Supervisor is familiar with this Policy requirement. The form, Alleged Sexual Abuse & Sexual Assault Post-Incident Review, has been developed for documenting the incident review team meeting and it allows for documentation of the considerations of the standard. Additionally, the form provides for recommendations for improvement by the team members. There were no allegations of sexual abuse in the past 12 months.

Conclusion:
Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

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

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
  ☒ Yes ☐ No

115.287 (e)

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

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
PREA FY 2017 Annual Compliance Report
PREA Checklist
The PREA After-Action Checklist

Interviews:
Agency PREA Coordinator
Supervisor

Provisions (a) & (c):
The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall 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.

The Policy requires the use of a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual abuse. A review of the PREA Data document demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice. Observation and review of documentation support the finding that the Illinois Department of Corrections has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The agency data has been aggregated at least annually for the last two years. Interviews with the PREA Coordinator and a review of policy indicated that upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Provision (b):
The agency shall aggregate the incident-based sexual abuse data at least annually.

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. This procedure was verified by the Detention Liaison to the Statewide Detention PREA Coordinator. IDOC procedures dictates that any incident report that alleges staff sexual misconduct, resident sexual misconduct or inmates sexual abuse in facilities shall be collected and forwarded to the Agency PREA Coordinator. The Supervisor/or designee shall be responsible for compiling records and annually reporting statistical data to the State of Illinois Department of Corrections Director who then compiles all statewide data and submits to Federal Bureau of Justice as required by the Department of Justice. The Policy and review of the annual report and data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

Provision (d):
The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of identified data and related documents regarding PREA. The Policy and review of the annual report and data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

Provision (e):
The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

FVATC does not contract with outside facilities for confinement of its inmates.

Provision (f):
Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The Policy states that upon request, FVATC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Conclusion:
Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data collection.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

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

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
IDOC ID 04.01.301, Offender Sexual Assaults Prevention and Intervention
2018 PREA Annual Report
Illinois.gov FOIA Contacts

Interviews:
Supervisor
PREA Coordinator

Provision (a-d):
The agency shall 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: (a) Identifying problem areas; taking corrective action on an ongoing basis; preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole; (b) ensuring that 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; (c) removing all personal identifiers before making aggregated sexual abuse data publicly available; and (d) maintaining 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.

The Administrative Directive and Institution Directive were effective July 1, 2015, which is after the June 30 deadline for reporting. The July 1, 2015 policy requires the agency to collect and review data from all facilities in the State and to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Policy requires the report to be published on the IDOC website and includes a comparison of the current year's data and corrective actions with those from prior years. A review of the Agency's website revealed that the Annual Reports are being posted. Additionally, the reports provide assessments of the agency's progress in addressing sexual abuse. At the time of the onsite audit, the facility had published aggregated statistical data regarding sexual abuse and sexual harassment in IDOC facilities for the prior fiscal year.

The annual report is approved as required by Policy, per the interviews and a review of the report by the Auditor, the annual report reflects a comparison of the results of annual data, by calendar year. The annual report has been reviewed and the report is accessible to the public through the facility's website. There were no personal identifiers on the annual report.

Conclusion:
Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data review for corrective action.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Documents Reviewed:
AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
IDOC Manual
IDOC Website

Interviews:
Supervisor
PREA Coordinator

Provision (a-d):
The agency shall (a) ensure that data collected pursuant to § 115.87; (b) 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; (c) remove all personal identifiers before making aggregated sexual abuse data publicly available and (d) 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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the mandates of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the IDOC website. The reports cover all data required in the elements of this standard. A review of the annual report verified there are no personal identifiers and it was observed posted on the website, as required. Related documentation in the facility was observed to be securely stored.

Conclusion:
Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with this standard regarding data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
  ☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Provision (a-b):
During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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; 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

PREA audits for the facility have been conducted as required for the initial three-year period. The facility, in conjunction with the Illinois Department of Corrections, has embarked on fulfilling the auditing requirements for this second three-year period. IDOC policy identifies the frequency and scope of their audits and states that during the three-year period starting on August 20, 2013, and during each three-

year period thereafter, the agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. All final reports are posted on the agency website.

Provision (h-i-m):
The auditor shall have access to, and the ability to observe, all areas of the audited facility; permeation to request and receive copies of any relevant documents (including electronically stored information) and be permitted to conduct private interviews with inmates, residents, and detainees.

The facility has provided the Auditor with the required documentation which have maintained as required by the standards and the auditing process. During this audit, the Auditor had access to previous audits, and had the ability to observe all areas of the audited facility. The Auditor received copies of any relevant documents (including electronically-stored information) requested and was able to conduct private interviews with staff and inmates. A review of documentation and interviews with the Supervisor and the FPCM support the finding that this facility is in compliance with this Standard. The Supervisor provided appropriate work spaces which included conditions for conducting interviews in private with the inmates and staff.

Provision (n):
Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The posted notices regarding the audit were observed throughout the facility, accessible to inmates; staff; visitors; contractors; and volunteers. The notices provided directions and contact information informing those who wanted to contact the auditor of how to do so. No correspondence was received by the Auditor.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The FVATC is operated by the the Illinois Department of Corrections (IDOC). IDOC has published on its agency website, and has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

This facility was previously audited in 2016 and the Auditor confirmed the audit report was posted on the agency's website as is the practice with the facility. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff, inmates, contractors and a volunteer; and observations.

The agency has published on its agency website and has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by Auditor. The review period is for prior audits completed during the past three years starting January 2014 through December 2017. The pendency of any agency appeal pursuant to 28 *C.F.R.* § 115.405 does not excuse noncompliance with this provision.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Dwight L. Fondren March 16, 2020

Auditor Signature **Date**

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

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