

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 10/4/2016

Auditor Information			
Auditor name: Shane Dotson BDA: Correctional Consulting, LLC			
Address: P.O. Box 362 Baxter Springs, KS 66713			
Email: sdotson@joplinmo.org			
Telephone number: 417-623-3131			
Date of facility visit: August 16 th & 17 th			
Facility Information			
Facility name: Crawford County Jail			
Facility physical address: 203 S. Jefferson Robinson, IL 62454			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 618-546-1515			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Fred Chinn			
Number of staff assigned to the facility in the last 12 months: 12			
Designed facility capacity: 53			
Current population of facility: 36			
Facility security levels/inmate custody levels: All levels of custody			
Age range of the population: 18 to 60			
Name of PREA Compliance Manager: Whitney Beard		Title: PREA Compliance Manager	
Email address: corrections@crawfordcountycentral.com		Telephone number: 618-546-1515	
Agency Information			
Name of agency: Crawford County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 203 S. Jefferson Robinson, IL 32454			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 618-546-1515			
Agency Chief Executive Officer			
Name: Sheriff William R. Rutan		Title: Sheriff	
Email address: sheriff@crawfordcountycentral.com		Telephone number: 618-546-1515	
Agency-Wide PREA Coordinator			
Name: Fred Chinn		Title: Jail Administrator	
Email address: corrections@crawfordcountycentral.com		Telephone number: 618-546-1515	

AUDIT FINDINGS

NARRATIVE

Upon arrival for the audit the facility was very organized and prepared for the audit. I conducted the facility tour and was able to observe the layout of the facility, placement of cameras, signs announcing the audit, Zero-Tolerance signage in all the cells, each phone had signage with the phone number how to report a sexual abuse in both English and Spanish, this information was also in the booking area and other areas where inmates would be placed. There were no “blind spots” in the facility and all areas were under video surveillance. I was able to speak to both staff and inmates during the tour. As I was speaking with staff they were able to describe how they would report a sexual abuse or sexual assault in accordance to their policy. I also asked if upper management ever conducted unannounced rounds and this was confirmed. I also inquired if they announced their presence in the opposite gender housing area before entering and was told they do announce. As I toured the facility I looked for the possibility of cross-gender viewing and all the areas where inmates showered or used the rest room had proper coverage to prevent cross-gendering viewing. The design of the facility also provided a housing unit should they have a youthful inmate come into the facility. It was out of sight and sound of the adult inmates. The camera system was in the front office where staff could monitor inmate activity. The facility was compliant in the aspects of PREA as required by the standards relating to physical requirements and notifications.

As part of the facility tour I had the opportunity to speak with the inmate’s in their cell blocks. As I spoke with the inmates concerning how to report they all alluded to the signage in their cell about the Zero-Tolerance policy and to dial 844 to report a sexual abuse. They also talked about the brochures they were given as well. I asked if staff of the opposite gender announced before they entered their housing unit and agreed they did. As I spoke with the females inmates on the tour they did express some concern about the one piece jumpsuit they were issued as far as possibly cross-gender viewing. This information was relayed to management and at the time of this report all females’ inmates have been issued 2 piece jail uniforms to eliminate this concern. The inmates shared there have been no issues or concerns as it relates to sexual abuse or sexual harassment at the facility. All the information concerning how to report, how to access services and counseling is included in the inmate handbook which everyone has access too.

As the audit continued I was able to privately interview several inmates and throughout the course of the interviews they all were familiar how to report sexual abuse or sexual harassment. Numerous times during the interview process the inmates would make reference to the 844 number for reporting. The facility had contacted their inmate phone provider to develop an easy process to report sexual abuse or sexual harassment. This will allow inmate the ability to report quickly without dialing a long series of numbers. The majority of the inmates acknowledged that staff of the opposite gender do announce before they enter the housing units. The only one who did not respond to the question about officers announcing their presence was very elusive during their interview as a whole. During the course of all the interviews I felt the inmates knew how to report sexual abuse or sexual harassment in several different formats, were educated on the zero-tolerance policy and were given access to all the information they would need to report, receive counseling and other services concerning sexual abuse. The inmate handbook was well written and the entire process concerning PREA has been outlined and contact information including names, addresses and phone numbers are provided.

Do to the size of the facility I was able to do my private interviews with most of all the staff. During my course of interviews with staff is was evident that each of them had gone through PREA training and were well versed in how to respond to a report of sexual abuse or sexual harassment. Each staff interviewed was very familiar with policy when it came to the reporting process, how to assist the victim, evidence protocol and scene security. During the interviews the staff understood the proper dissemination of information on when they receive reports of sexual abuse or sexual harassment. The staff had also been trained on how to conduct cross-gender pat downs and searches of transgender and intersex inmates in a respectful and professional manner. As part of their training they were trained on how to properly identify transgender and intersex inmates. They staff also knows to report any suspicion, knowledge, or information relating to sexual abuse or sexual harassment. The staff understands how to respond if an inmate reports to them privately about sexual abuse, sexual harassment, or retaliation. As part of their training they know how to properly handle evidence and protect the crime scene until detectives and administration arrive. Overall, I feel the staff has been well trained and can properly respond to a report of sexual abuse, sexual harassment or retaliation.

I had the opportunity to privately interview specialized staff as it relates to the reporting, detecting and preventing sexual abuse and sexual harassment in the facility. I had the opportunity to interview a contractor/volunteer and they understood how to respond if an inmate reported a sexual abuse or sexual harassment. The facility does have an intake/booking area and each inmate that enters the facility is screened for sexual victimization, given a brochure on the facility’s Zero-Tolerance policy according the intake officer. I was also able to interview someone in the medical/mental health field and they acknowledged they understand their reporting responsibilities as it relates to sexual abuse and sexual harassment. They also provided information on the services that are provided if someone is a victim of sexual abuse or sexual harassment. The services provided are comprehensive and would be a valuable tool if needed. One of the key components to the services offered is having an advocate available during the SAFE/SANE exam and providing follow up care after the exam.

I was also able to interview HR staff concerning background checks and the facility does background checks on all new hires to make sure there are is no previous history of misconduct as it relates to inmate management. The agency being a law enforcement entity has access to local, state and federal criminal history repositories to verify past criminal conduct. If they facility does promote they will use a background check as a consideration for promoting.

The agency does have an investigative division which is utilized should the facility have a report of sexual abuse or sexual harassment. During my interview with the detective I felt they were very knowledgeable as it relates investigating sexual abuse or sexual harassment. The detectives have received specialized training in confinement settings. The detectives will investigate all reports of sexual abuse or sexual harassment and will use accepted practices as it relates to interviews, evidence collecting, report writing, and other investigative practices which would be beneficial to the investigation. The detective stated they will provide the same services to an inmate victim as they would a victim in the community.

During my complete audit of the facility I feel the agency as a whole is engaged and active in being compliant with the PREA Standards.

They were very involved in the audit process and had all the proper documentation to show compliance and adherence to all standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Crawford County Jail is a 53 bed facility and had 36 inmates on the day of the audit. The facility is a linearer design with 10 houing units and 1 dormintory style housing unit. They have 2 other housing areas that can be used to house youthful inmates or other needs of the facility. The facility has video surveillance in all areas where inmates could be or are present. Each housing area, booking area, and dayroom have phones with the proper signage posted in each area. They currently have 8 full time officers and 4 part time officers that work in the facility. This number of officers meets the staffing plan set forth in the standards.

SUMMARY OF AUDIT FINDINGS

The facility was well prepared for the audit. During my interviews with the Department Head and Jail Administrator they both were very engaged in being PREA compliant and giving the facility all the resources it needed to be compliant and to stay in compliance. During all my interviews, facility tour, and meeting with everyone in the organization it was apparent they had been working toward compliance for a while. I reviewed their documentation and it was in order and met the requirements set forth in the standards. The facility had 2 reports of sexual abuse on 2015 but when they were reported the alleged abuse had occurred at other facilities. The cases were investigated by the Illinois State Police and were unfounded. The facility policies and procedures were well written; they also had very good documentation in the inmate handbook. The inmate handbook describes the entire reporting process, along with what to expect if they are a victim. In the inmate handbook it provides information that includes having a victim's advocate, additional counseling, or any services they might need as a victim. The only concern during the audit was the one piece jumpsuit worn by the females and to alleviate this concern the facility ordered new two piece jumpsuits just to eliminate any concerns of cross-gender viewing. The staff has been trained to effectively and professionally communicate with transgender and intersex inmates should they have any come to the facility. All the training the agency received was relevant and covered all the areas as it relates to PREA. If a sexual abuse or sexual harassment occurs the facility is prepared to respond report and investigate in a professional manner and providing the needed services to the victim.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The facility has a well written policy and Zero-Tolerance signage is posted throughout the facility. The facility is very proactive in all phases as it relates to their Zero-Tolerance policy. They have brochures that are given to each inmate upon intake, it is posted in every housing unit, booking area, visitation area, and other areas where inmates may be present. The Jail Administrator is the PREA coordinator and with having a PREA Compliance Manager he does have sufficient time to perform those duties. As I toured the facility and talked with inmates and staff everyone was very familiar with the Zero-Tolerance policy because of the information provided to everyone and with the signage. Not only did they have sufficient signage all the areas also had toll free hotline numbers by all the phone for reporting which I will cover later in the commentary.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

N/A the facility does not contract with other agencies to house their prisoners.

Standard 115.13 Supervision and monitoring

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

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

The facility has a comprehensive staffing plan. Based on the staffing plan the facility has the appropriate amount of staff to respond to sexual abuse and sexual harassment. As I reviewed the staffing plan it meets each requirement found in 115.13(a). In reviewing their policy PREA Audit Report

there are proper provisions if there would be a deviation from the plan and it would be reviewed and documented. Per policy the staffing plan will be reviewed annually including deployment of monitoring technology to stay in compliance with the standard. The facility does have intermediate to higher level staff doing random unannounced rounds. I was able to view and inspect log sheets which showed the proper documentation of the unannounced rounds. The policy does prohibit any type of announced rounds are occurring. During the tour of the facility I did ask staff and inmates if supervisors made unexpected rounds and they all acknowledged this is being done.

Standard 115.14 Youthful inmates

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

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

The facility does not currently house youth inmates but in the event they would have to house a youthful inmate that has a cell located away from the housing unit that would prevent any sight and sound contact with adult offenders. With their current housing cells for youthful inmates this would prevent any type of segregation or isolation for that sole purpose. In their policy it does call for exercise, education and other services they might need. In the past they have housed youthful inmates and I was able to inspect and review school logs while they were incarcerated.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The facility has a policy that prevents cross-gender viewing or searches unless it is an exigent circumstance. The facility had no documented cases of cross-gender searches or pat downs within the last 12 months. According to policy and procedure and private inmate interviews the facility allows inmate to shower, change clothes and perform bodily functions without being viewed by the opposite gender. When I was doing the facility tour and speaking with female inmates as well during my private interview with inmates they expressed a concern about possible cross gender viewing based on the single jumpsuit they had to wear. This concern was presented to administration and they ordered two piece inmate uniforms for females and these have already been issued at the time of this report.

During my tour and private interviews with inmates and staff it is common practice for staff to announce they are entering a housing unit of the opposite gender. Also during my private interviews no one is searched or examined for the sole purpose of identifying genital status. All the staff has been trained and the training was verified in how to conduct cross gender pat downs searches of transgender and intersex inmates in a respectful and professional manner.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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

During the course of my facility tour and reviewing the inmate roster there were no known inmates who had any type of disabilities or limited English proficiency. The facility does have staff that is able to translate for their Spanish speaking inmates and the local school provides interpretation for those who have hearing loss or are deaf. The facility provides access to all education materials in accordance to the ADA Act. The PREA Video is available with closed caption as well. The facility also prohibits any use of inmate interpreters, readers or assistants. This was also verified when I conducted my private random interviews with staff. There were no documented instances of inmate interpreters, readers or assistants being used. The facility does have the inmate handbook in Spanish as well as the notifications in the cells.

Standard 115.17 Hiring and promotion decisions

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

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

The facility currently runs background checks on anyone who might have contact with inmates including contractors. I was able to review background checks and also during my interviews the information regarding past behavior is asked during the interview process. The facility has the proper policy and procedures in making sure any hiring’s or promotions that the individual has no prior incidents of sexual abuse or sexual harassment. Per agency policy they will conduct background checks a minimum of at least once every five years. If any employee or contractor omits any type of misconduct it is grounds for dismissal according to their policy. If any agency requests any information regarding substantiated sexual abuse or sexual harassment they will disclose the information.

Standard 115.18 Upgrades to facilities and technologies

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

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

During my tour of the facility I observed camera's throughout the facility covering all areas where inmates and staff might be. There have been no substantial modifications recently to the facilities video monitoring system. In my interviews with both the department head and jail administrator they both acknowledged if there were updates to the video monitoring system PREA would be a part of the decision process.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The facility currently has policy and procedures in place as it relates to evidence and medical examinations. The facility currently investigates claims of sexual abuse or sexual harassment. During my interview with the detective in charge of sexual abuse or sexual harassment reports he was very knowledgeable in the proper evidence protocol and the evidentiary process. The process the facility has in place does consider youthful offenders that meet the federal standard. I was able to review the evidence protocol and it meets the qualification. In my interview with the detective they use the local hospital for their SANE/SAFE exams. I was able to interview the SAFE/SANE nurse at the local hospital and the nurse advised they are available 24/7 days a week to perform all exams.

As part of the advocacy program utilized by the facility they use CAISA. They currently have a signed MOU and this allows for a wide variety of services for victims. They offer victim advocate services, follow-up care beyond the abuse, and also will provide services if the incident happened prior to their incarceration. The facility also has posted in both English and Spanish the Rape Hotline numbers. The facility has programmed their inmate phone system with the number 844 that automatically connects them to the Rape Hotline. The call is free and unrecorded. The number was validated during the facility tour. As part of their comprehensive response plan they victim has multiple avenues that would allow someone attend the exam with them.

The facility has a very extensive section in their inmate handbook that explains every step in the process so the inmates can know what to expect in case of a sexual abuse. They have included all the information for CAISA to assist the victim.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

During my interview with their detective he stated that all claims of sexual abuse or sexual harassment would be investigated. If the investigation reveals there is sufficient evidence for criminal prosecution it will be forwarded to the Prosecuting Attorney. The facility also has a way of third-party reporting on its website. As of the date of the audit the facility had two reports of sexual abuse in 2015 and both of those reports occurred at other facilities and the information was reported properly to the other agencies and investigated by the Illinois State Police and was unsubstantiated. The facility also had a report of Sexual Harassment in their facility in 2015 and it was investigated and

substantiated and the officer resigned. The Sheriff's Office does have statutory authority to investigate all reports of sexual abuse or sexual

Standard 115.31 Employee training

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

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During the course of my private interviews with staff they all were able to validate and verify training listed in 115.31(a). The training was also verified when I performed the facility tour and talked with staff about how they would respond if a sexual abuse or sexual harassment report was made to them. The training documents were reviewed and verified for the staff.

Standard 115.32 Volunteer and contractor training

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

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The facility does have a proactive PREA training program. The facility uses a PREA trainer to train all their staff. The staff receives all the appropriate training as it relates to 115.31(a) and I verified the training documents for each staff and contractor. This training was also validated when I did my private random interviews with staff. The training included how to properly communicate and treat transgender and LGBTI inmates. Included in the training documents was training for contractors and volunteers. The training provided was how to report sexual abuse, sexual harassment and the agencies Zero-Tolerance policy. All training records are maintained by the agency.

Standard 115.33 Inmate education

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

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corrective actions taken by the facility.

The facility does provide inmate education concerning the Zero-Tolerance policy and how to report sexual abuse and sexual harassment. Every inmate who is booked into the facility receives a well written brochure concerning the Zero-Tolerance policy and how to report. The inmate handbook also provides extensive information on how to report and what the process is from beginning to the conclusion of the investigation. The handbook also provides the name, number and address for CAISA their community partner for sexual abuse and sexual harassment victims. During my private interviews with both staff and inmates they confirmed both the providing of the brochures and receiving brochures. In reviewing the inmate handbook the facility has provided each inmate with a comprehensive document which outlines every aspect of inmate sexual abuse. The handbook includes several different ways to report, what you can expect if you are a victim, from having a victim advocate through the entire process and what type of counseling is available and who provides those services. The handbook has outlines ways for inmates can help protects them from being a victim and proactive measure they can use while incarcerated.

According to policy and procedure all inmates will receive comprehensive education within 30 days and through the avenues of the brochures, inmate handbook and posters the information is readily available to all inmates. Included in all the information is the right to be free from retaliation as well. There have been no reports of retaliation within the last 12 months. During the course of my facility your I inquired about what information they had received on how to report and each inmate stated the received a brochure and it was on the walls (Zero-Tolerance posters) and inmate handbook. The facility does provide both the brochure and handbook in English and Spanish. The facility also has interpreters and signers for the hearing impaired and utilized closed caption for their video. As part of the documentation process the inmates sign off on receiving their brochure and also acknowledge they have read the inmate handbook. This information was verified by checking inmate logs and bookings.

Standard 115.34 Specialized training: Investigations

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

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During my interview with the detective that is assigned to investigate sexual abuse and sexual abuse he shared his and other detectives training in the confinement setting of a jail. I was able to review their closed confinement sexual abuse training and it is PREA approved training. Since the agency has its own investigative division they are well equipped and trained in how to interview using Miranda and Garrity, collect evidence, rules of evidence and referral for prosecution. The detective outlined their protocol for receiving the initial report through the investigative process and I was comfortable the agency can investigate the report without bias. The detective addressed the victim in confinement would be treated no differently than a victim in the community.

Standard 115.35 Specialized training: Medical and mental health care

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

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

corrective actions taken by the facility.

The agency has part-time nursing staff and no mental health staff in the facility. The facility relies on CAISA for their mental health services and I was able to interview the case manager for them. The nursing staff does receive the appropriate training as it relates to standard 115.35(a). I was able to review the training documents of the nurse to validate the training. The on-site medical staff do not perform forensic exams the local SAFE/SANE medical personnel perform the exams. The nurse also receives training that is provided to contractors and volunteers.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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Upon my interview with a staff member who performs the risk screening it was validated that all inmates are screened upon intake. With being a small facility all officers are involved in the booking process and it is part of their standard procedure to screen every inmate for victimization. I reviewed the screening instrument and it included all pertinent information for risk assessment. Most inmates are booked into the facility within one to one and a half hours. In reviewing the screening instrument all the information included in 115.41 (d) is included. The screening does include previous acts, convictions, or institutional history for assessment. If additional information is learned according to policy the individual will be screened once again. If an inmate refuses to answer or disclose the information they will not be disciplined according to policy and during my interview this was confirmed. The facilities dissemination of information gathered during the screening process will be sent to those the appropriate staff as not to create an undue risk or exploitation of the inmate.

Standard 115.42 Use of screening information

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

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During the interview with staff relating to screening, the officer will take the information gathered and make the appropriate decision on housing, bed, and cell placement in order to keep potential victims separate from abusers. Each screening decision is solely based upon the inmate's screening.

The facility did not at the time of the audit have any transgender or intersex inmates being housed in the facility. Their policy and training require staff to make this decision on a case-by-case basis. To make sure they are housed in a safe and secure environment. If the facility should house transgender or intersex inmates they, by policy would be reviewed at least twice a year. The staff member also they would inquire where they feel the safest or most comfortable. The staff also stated they would be given the opportunity to shower alone if requested. During my interview with the PREA Coordinator they will not place LGBTI in a dedicated housing unit but on a case by case basis.

Standard 115.43 Protective custody

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

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In my interview with the Jail Administrator, the facility does not segregate inmate based on the potential victimization. The facility will look and place them in an area which is a safe and secure. If an inmate was placed in segregation they would have access to all opportunities the general population inmates do according to their policy. If they would be placed in segregation it would only be until reasonable housing could be arranged. Per policy the housing segregation would be reviewed every 30 days if needed.

Standard 115.51 Inmate reporting

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

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

During my private interviews both with staff and inmates they were able to share multiple ways inmates could report. The facility has a free number for reporting, 844. During the interviews inmates were able to share several ways to report such as to a C/O, the 844 number, family, talk to the Jail Administrator. Also during the interviews with staff they were able to describe different ways inmates could report. The facility does have posted on their website for anyone to report a sexual abuse or sexual harassment. The facility also provides information in their inmate handbook to report as well. CAISA is a local advocacy organization that allows for reporting directly to them as well. The organization provides a personal contact that allows for inmates to report sexual abuse or sexual harassment 24 hours a day 7 days a week.

Staff has been trained how to accept reports and how to document those reports. This was confirmed in the private interviews I conducted with staff. When it comes to providing staff a way to report privately they this too has been addressed in their policy as well.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does have an inmate grievance procedure in place. During the audit I reviewed their grievance process and it is well written and well documented in their inmate handbook. The grievance process is fully compliant to standard 115.52(b). The policy also addresses if the grievance is against a specific officer they can submit the grievance to any officer and the grievance will not be referred to the staff member who is named in the complaint. The time lines outline in section 115.52(d) is addressed properly in policy and procedure. The policy also allows third party members, family, attorneys and others assist in the filing of the grievance. At the time of the audit there were no documented emergency grievances but is covered in the policy and procedure. The overall grievance procedure is well written and well documented to assist the inmates in understanding the process and timelines.

Standard 115.53 Inmate access to outside confidential support services

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

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

The facility has entered into a MOU with CAISA which is a local advocacy agency that specifically assist sexual abuse victims. All the information is listed in the inmate’s handbook how to contact CAISA including address and the free phone number 844 and the reporting requirements were also listed in the inmate handbook. During my private interviews with inmates most were able to tell me about the 844 number and that it was a counseling service. Since every inmate has access to the inmate the information is there for them.

Standard 115.54 Third-party reporting

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

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

The facility does have third-party reporting capabilities on their website and the website is available to anyone and the information is also listed on posters in the facility as well as in the inmate handbook.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility does have policy and procedure in place addressing staff and agency reporting duties. During my private interviews with staff each responded they were to report any knowledge, suspicion or reports of sexual abuse or sexual harassment. Also during the private interviews the staff fully understood that retaliation whether staff or inmates should be reported immediately. The staff understands the dissemination of reports has a specific chain of command it must go through and not to share the information with those now involved in the investigative process or administration. In my interview with the facility nurse she has been trained and understood reporting laws as well. If the victim is under 18 or vulnerable the facility will report to the proper authority per their policy. The report from third-party or anonymous will be forward to investigators as well per their policy.

Standard 115.62 Agency protection duties

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

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

In my interviews with the agency head, jail administrator and private interviews with staff they all responded accordingly if they learn an inmate is in imminent threat of sexual abuse. All responded they would act immediately.

Standard 115.63 Reporting to other confinement facilities

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

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

The facility had two reports of sexual abuse in 2015 that occurred at other facilities. Once the facility learned of the alleged sexual abuse they immediately notified the other agencies. I was able to review the internal reports and timelines of reporting to the other facility. According to the reports the Illinois State Police investigated the allegations. This information is also on the department’s website in their annual report.

Standard 115.64 Staff first responder duties

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

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

When I conducted all my private interviews each officer was able to describe the proper response to the report of sexual abuse as stated in the standard 115.64(a). Those who are not security staff receive training in how to handle and respond to a sexual abuse. There have been no reports of sexual abuse within the last 12 months.

Standard 115.65 Coordinated response

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

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

The facility has a comprehensive flow chart and policy outlining their coordinator response. It was well done and easily followed. With the design of the flow chart it shows each step of the process once a sexual abuse is reported. This will allow any staff member to look at the coordinated response and know exactly what the next step in the process is and this will be extremely beneficial if an actual sexual abuse takes place.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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

The facility does have the right to remove any staff that is the subject of an investigation of sexual abuse.

Standard 115.67 Agency protection against retaliation

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

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

The facility does have policy in place that prevents retaliation against staff or inmates who report sexual abuse or sexual harassment. In my interviews with the agency head, jail administrator in regards to retaliation they both provided multiple examples of how to protect staff and inmates who report sexual abuse or sexual harassment. Since there have been no reports of retaliation I was not able to interview anyone who monitors retaliation or inmates in segregated housing. In the facility policy and procedure it addresses the proper steps in how to respond to retaliation including timelines, periodic status checks, and how to protect the inmates.

Standard 115.68 Post-allegation protective custody

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

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

The facility does have a policy not allowing inmates to be placed in segregated housing if they have been a victim of sexual abuse. There are no documented cases of inmates being in segregation as a victim. During my interview with the jail administrator he addressed how the use of segregation would be used if there were no other options. If someone was placed segregation it would be up to 24 hours then the situation would be re-evaluated. The use of segregation has not taken place within the last 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

During my interview with the detective responsible for investigating sexual abuse and sexual harassment in the facility stated that all reports of sexual abuse or sexual harassment are investigated quickly and thoroughly. The detective provided his training certificate from their training in confinement settings and the agency actually sent more than one detective to training. The detective advised they would use all tools available when it came to the collection, preservation, and documenting evidence. He also shared that all investigations within the jail, would receive the same protocols and investigative process as the community would. Including any type of DNA evidence, interviews, electronic monitoring data or any other tangible pieces of evidence they would need for submitting charges.

The detective shared the victim would be treated just as any victim and their status as an inmate would not impact on how the investigation was conducted. The agency does not use the polygraph as a tool and would not require an inmate to submit to one for truth telling.

The detective also responded that all administrative investigation would be conducted to determine the cause of the abuse whether staff was at fault or not. All reports and investigations are documented including all the evidence, assessments and investigative facts and findings.

All cases that are criminal in nature will be referred for prosecution and they agency will maintain reports based on the retention policy. If the staff or abuser should leave the facility prior to the investigation being completed the investigation will continue until causation is determined. If the agency should call in an outside agency to investigate they would work closely with that agency until it is completed.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The detective shared the standard of proof is the preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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

During my interview with the jail administrator concerning notification of the inmates the facility would use a written response to the inmate. This was also confirmed with the detective during his interview. Since there has been no sexual abuse investigation within the last 12 months there was no documentation to review.

There have been no reports of sexual abuse within the last 12 months so there is no documentation to review. The course of action by the facility is included in their policy and procedure relating to standard 115.73 (c&d). Included in the Policy and Procedure is that all notifications must be documented.

Standard 115.76 Disciplinary sanctions for staff

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

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

The facility has policy and procedure outlining how staff will be sanctioned if involved with sexual abuse and sexual harassment. Termination is the presumptive sanction who engaged in sexual abuse. Although within the last 12 months the facility did have a complaint of sexual harassment by one of their staff members, it was investigated and substantiated and the officer resigned from employment. This was documented properly.

Standard 115.77 Corrective action for contractors and volunteers

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

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

There have been no reports of sexual abuse or sexual harassment by volunteers or contractors. According to policy if a violation did occur they would not be permitted to have inmate contact and if it is criminal in nature the information would be investigated and reported to the licensing body of the contractor or volunteer employer.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a clear policy on sanctioning inmates who engage in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse. The administrative sanctions would be determined by the nature and circumstance of the abuse and past history of the inmate. The inmate's mental illness if present will be taken into consideration. With the relationship with CAISA the facility does have resources to assist with counseling to help the offender. If an inmate engages in sexual contact with a staff member the facility will discipline the inmate if the contact was not consensual.

If the sexual abuse report is made in good faith the facility will not consider this a false report and will not discipline the inmate for reporting. The facility prohibits all sexual activity between inmates.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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

During the last 12 months no inmates disclosed at screening they had been a victim of sexual abuse. However, as listed previously, the facility did have two reports that occurred at another facility but was not disclosed at screening. According to my interview with the officer who perform risk screening they would notify the jail administrator immediately if someone responded they were a victim. The facility would arrangement for counseling within 14 days according to their policy. Also included in the policy is the dissemination of the information only to those with security and management decisions.

During my interview with medical staff she acknowledged they would obtain informed consent from the victim if it did not occur in an institutional setting.

Standard 115.82 Access to emergency medical and mental health services

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

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

Although the facility has not received reports of sexual abuse within the last 12 months the policy states they will have unimpeded access to immediate medical treatment and crisis intervention services. If medical or mental health staff is not present the first responder will take immediate steps to protect the inmate and this was verified in my private interview with security staff. The facility does have policy in place that will allow for emergency contraception and sexually transmitted disease prophylaxis where medically appropriate. All services and treatment will be free of cost to the victim per policy.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

I had the opportunity to interview an employee with CAISA who provide services to victims of sexual abuse for the facility. In my private interview her she was able to share their organization is very proactive when helping those who are victims of sexual abuse. As part of their services is the evaluation and treatment for those who have been victims of sexual abuse. Their services are available free of charge for anyone is has been a victim of sexual abuse whether incarcerated or not. They have a wide arrange of services which includes treatment, follow-up services such as counseling and therapy. These services go beyond their incarceration and will be provided once they are released from custody. The level of care the victim receives is consistent with the community level of care.

Per policy of the facility the victim will be offered a pregnancy test if vaginal penetration took place. If pregnancy does result from the sexual abuse the facility will provide timely access to pregnancy related services. They will also be offered sexually transmitted infection testing. All services will be free of charge to the victim.

Standard 115.86 Sexual abuse incident reviews

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

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

The facility has not had any incidents in their facility in the last 12 months. According to their policy if they do have an incident of sexual abuse they have an incident review team in place to review all reports unless it was unfounded. These reviews will take place within 30 days of the incident. The review team will review all items contained in 115.86(d) should an incident take place. Once the review is finalized the facility shall implement any recommendations made and if not, document why the recommendations were not implemented.

Standard 115.87 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does collect accurate and uniform data for all allegations of sexual abuse although they have no reports of sexual abuse. I was able to review their Survey of Sexual Violence conducted by the Department of Justice. The data is gathered annually and is properly retained.

Standard 115.88 Data review for corrective action

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

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

The facility has no reported incidents of sexual abuse within the last 12 months but per policy they would review data collected and address any area of concern. The facility does have the last three years of data posted on their website. They had two reports of sexual abuse that occurred at other facilities which was investigated by the Illinois State Police and both were unfounded. The facility does redact pertinent information for reporting purposes.

Standard 115.89 Data storage, publication, and destruction

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

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

The data is collected properly and all personal information is redacted from the report. All information gathered is securely retained for 10 years.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Shane Dotson

10/2/2016

Auditor Signature

Date