

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

Date of Final Audit Report: 12/31/2021

Auditor Information

Name: Douglas E. Simpson	Email: detentionconsulting@gmail.com
Company Name: Doug Simpson Enterprises LLC dba Upper Tier Detention Consulting	
Mailing Address: 4777 88th Ave.	City, State, Zip: Kenosha, WI 53144
Telephone: 262-909-1059	Date of Facility Visit: November 16-18, 2021

Agency Information

Name of Agency: McHenry County Sheriff's Office			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 2200 North Seminary Avenue		City, State, Zip: Woodstock, IL 60098	
Mailing Address: 2200 North Seminary Avenue		City, State, Zip: Woodstock, IL 60098	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://mchenrysheriff.org/corrections/prea.aspx			

Agency Chief Executive Officer

Name: Chief Michael Clesceri	
Email: mrclesceri@mchenrycountyil.gov	Telephone: 815-334-4715

Agency-Wide PREA Coordinator

Name: Sergeant Dawn Burke	
Email: drburke@mchenrycountyil.gov	Telephone: 815-334-4154
PREA Coordinator Reports to: Lieutenant Dave Wienke	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: McHenry County Adult Correctional Facility

Physical Address: 2200 N. Seminary Ave.

City, State, Zip: Woodstock, IL 60098

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Facility Type:

☐ Prison

☒ Jail

Facility Website with PREA Information: <http://mchenrysheriff.org/corrections/prea.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:

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Warden/Jail Administrator/Sheriff/Director

Name: Chief Michael Clesceri

Email: mrclesceri@mchenrycountyil.gov

Telephone: 815-334-4715

Facility PREA Compliance Manager

Name: Lieutenant David Wienke

Email: dmwienke@mchenrycountyil.gov

Telephone: 815-334-4998

Facility Health Service Administrator ☐ N/A

Name: Amanda Justen

Email: ajusten@wellpath.us

Telephone: 815-334-4911

Facility Characteristics

Designated Facility Capacity:

650

Current Population of Facility:

336

Average daily population for the past 12 months:	341	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-74	
Average length of stay or time under supervision:	32 Days	
Facility security levels/inmate custody levels:	County- 1, 2, 3 – ICE- Low Medium-Low Medium-High High	
Number of inmates admitted to facility during the past 12 months:	3888	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2324	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1020	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates 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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	162	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	19	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	333 (None Since Covid)
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates 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 inmates, 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 inmate 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 inmates 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 inmates 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.	20
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	18
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	22
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:)	
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:	4	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> 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?	4	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe:) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Onsite Audit Phase

In preparation for their Prison Rape Elimination Act (PREA) audit, the McHenry County Sheriff's Office contacted Department of Justice (DOJ) certified PREA auditor Douglas Simpson on June 4, 2021. The agency was interested in conducting a DOJ PREA audit of the McHenry County Adult Correctional Facility in McHenry, IL. This audit was tentatively scheduled for October 2021. The auditor sent a contract draft to the facility on 06/21/2021. The contract was executed on 07/21/21.

The McHenry County Sheriff's Office operates the McHenry County Adult Correctional Facility, a multi-level single building facility with a bed capacity of 650, housing males and females. There are no youthful inmates in the facility, and the average daily population is 341. The facility had two prior PREA audits in 2014 and 2018.

On 08/17/21, the auditor conducted an audit kickoff meeting by teleconference with Sergeant Dawn Burke, the Agency-Wide PREA Coordinator and primary point of contact for the agency. During this teleconference, the auditor provided McHenry County with detailed information about the audit process and timelines and established the logistics for the audit. The auditor explained that the PREA audit is a practice-based audit, and a plan was put into place for ongoing communications and expectations. The auditor explained that the auditor was to have unimpeded access to the facility, documents, and the staff. The auditor also explained the corrective action process and the auditor's responsibility to work with the facility to complete a corrective action plan to enhance practices and garner compliance within the established period. McHenry County was also provided the audit process map for their review, and discussed were estimated timelines and milestones for the audit. On 08/21/21, the auditor requested that the facility complete the Pre-audit Questionnaire (PAQ) and send it to the auditor. The auditor's receipt of the completed PAQ was reiterated at the kickoff meeting, and the auditor subsequently received the completed PAQ on 08/24/2021.

The Facility requested to utilize the paper audit instrument instead of Online Audit System (OAS). The auditor agreed to use the paper audit instrument. The auditor was provided secure access to the facility's electronic policy and training system on 08/25/2021.

The auditor supplied the facility with a copy of the required audit notice posting in English and Spanish with large text and explained the need to have those postings placed in plain view throughout the facility and in all inmate-occupied housing areas a minimum of six weeks before the onsite portion of the audit. The facility agreed to send photos of the audit notice to the auditor. The auditor did receive photographs of the posted notifications in various locations posted throughout the facility. The auditor also explained the need to allow confidential correspondence from inmates to the auditor and that mail to the auditor should be processed confidentially as legal mail.

For several weeks, the auditor and Sgt. Burke frequently interacted via telephone and email. The onsite portion of the audit was initially scheduled for the week of October 4, 2021. On 09/28/21, Sgt. Burke contacted the auditor by email and notified him that the McHenry County Adult Correctional Facility was placed on lockdown due to a Coronavirus outbreak. Due to the breakout of the virus, there was no movement of inmates, and non-essential visitor access to the facility was prohibited. The audit was postponed indefinitely at that time.

On 10/12/21, Sgt. Burke contacted the auditor via email, and a new onsite audit was tentatively scheduled for Nov. 16, 17, 18, 2021.

The auditor explained that an issue log would be provided to the PREA coordinator when the documentation review was complete. The issue log would identify any missing information or gaps in documentation. This would provide the facility with the opportunity to respond to any issues found in the document review before the onsite audit. On 09/14/21, the auditor completed the assessment of the PAQ and documentation and sent the issue log to the PREA Coordinator for review and response. The issue log requested additional information for 68 items. On this same date, the auditor had a teleconference call with the PREA Coordinator. Discussed were the findings in the PAQ, the open items in the issue log, and expectations for the onsite audit. The auditor expressed to Sgt. Burke the positives found in the review of the documentation. The facility addressed all the items on the issue log by 10/22/21.

The schedule for the three-day onsite audit was reviewed. Before the kickoff meeting (09/25/21) and discussed again at the kickoff meeting, the auditor provided the PREA Coordinator with the PREA checklist of documentation, checklist for review of inmate files, and checklist for review of employee and checklist for review of investigation files. The provided checklists served to assist McHenry County with preparation for the auditor to review documents during the onsite phase of the audit.

The auditor also requested the following documentation from McHenry County:

1. All grievances or allegations made in the 12 months preceding the audit to include case dispositions, cases in progress, criminal and administrative investigations, referrals for prosecution, indictments, convictions, and acquittals
2. All incident reports that were written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment that were reported for investigation in the months preceding the audit
4. All hotline calls made during the 12 months preceding the audit

The PREA Coordinator was sent an email on the same day requesting comprehensive lists of inmates and identifying inmates to meet targeted interview criteria. The listings requested included:

1. Complete inmate roster (based on the actual population on the first day of the onsite audit)
2. Youthful inmates
3. Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
4. Inmates who are limited English proficient
5. Inmates who identify as lesbian, gay, bisexual, transgender, and intersex
6. Inmates in segregated housing (or isolation/administrative status)
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening
9. Staff Roster

McHenry County and the Auditor discussed schedules and availability for the following staff to allow for access for interviews during the onsite audit:

1. Agency head
2. Warden, facility director, superintendent, or designee
3. PREA coordinator
4. PREA compliance manager
5. Human resources staff
6. Contract administrator

The facility was also asked to provide a complete staff roster and to identify staff who worked in the following specialized categories for interviews during the onsite audit:

1. Intermediate or higher-level staff
2. Medical and mental health staff
3. SANE nurse
4. Investigative staff
5. Sexual abuse incident review team members
6. Screening staff
7. Supervising staff in segregated housing
8. First responders
9. Intake staff
10. Non-medical staff involved in cross-gender strip searches
11. Contractors with inmate contact
12. Volunteers with inmate contact

The auditor performed an internet search for various terms related to this facility. Several news stories were listed that involved high-profile arrests, the conduct or actions of inmates, and issues related to the housing of Immigration and Customs Enforcement (ICE) Detainees. The auditor saw no news stories related to sexual abuse, sexual assault or sexual harassment, or other physical abuse. The auditor also found no documentation of any pending or final civil court cases related to the facility.

The auditor located on the Sheriff's Office website a page dedicated to the McHenry County Adult Correctional Facility. This page includes a link to a page for PREA, where the agency describes the zero-tolerance policy and provides an online form for the public to file a report of sexual abuse or sexual harassment. The auditor completed the online form on 08/22/2021 and explained that it was a test for the PREA audit. The PREA coordinator emailed the auditor advising that she did receive the test the next business day after the form was submitted. The page also includes PREA Coordinator reports and PREA audits for 2014 and 2018. The site also contains a PREA educational video in English and Spanish.

The State of Illinois requires mandatory reporting of sexual abuse of an inmate to authorities under 210 ILCS 30, Illinois Administrative Code CH. I. Sec. 50. Also, in Illinois, criminal courts must file criminal charges for youthful offenders only for limited charges in the adult court to certify a youthful offender as an adult. This allows the youthful offender to be held in an adult county jail facility. However, youthful offenders under the age of 17 must be kept separate from adult offenders, with no sight or sound of the adults. The McHenry County Adult Correctional Facility does not hold any youthful offender (juvenile) inmates.

On 11/23/21, the auditor contacted a community-based organization to confirm the information provided by the facility in the PAQ. The auditor contacted Northwestern Memorial Hospital and spoke with the Emergency Department SANE Program Coordinator. She confirmed that the organization has a Memorandum of Understanding (MOU) with McHenry County Sheriff's Office signed in 2018. The McHenry County Sexual Assault Team response protocol MOU involves a multidisciplinary team of local providers, advocacy, crisis, law enforcement, adult and juvenile protective services, the state's attorney's office, and court services. In the MOU, Northwestern agrees to provide a sexual assault nurse examiner

(SANE) to perform a forensic sexual assault examination. Northwestern also provides a victim advocate when the forensic examination is performed. The auditor confirmed that Northwestern would also offer a follow-up medical treatment plan for the inmate victim, to include testing for STIs, pregnancy testing, and prophylactic medications for STIs. The program director explained that the facility and Northwestern have an agreement that the plan and prescription would be provided, and the medical department at the jail would provide any necessary medications for the inmates. She also confirmed that inmates could contact Northwestern by telephone and mail to obtain counseling services. She knows that services are posted inside the housing units and available for inmates in the inmate handbook and on the inmate kiosk. The organization's contact at the Detention Center is Sgt. Burke.

The auditor also contacted Just Detention International (JDI) to determine if they had received communication from inmates at the McHenry County Adult Correctional Facility. They showed no information that referenced the Facility.

Investigators of potential criminal activities are internal to this organization.

The auditor did not receive written communication from any inmate or staff member through the advertised mailbox at any audit phase.

Onsite Audit Phase

On 11/16/2021, the auditor conducted a kickoff meeting with the PREA coordinator, the Sheriff, critical department, and divisional administrative and supervisory team members. At this meeting, the audit process map was reviewed, the audit process status was provided, and the plan for activities for the onsite duration to include end-of-day briefings was discussed.

At the beginning of the onsite audit, the auditor was provided lists of selected inmates and staff members for required interviews. The auditor was also provided staff and inmate rosters for each of the three days of the audit.

After the briefing, the auditor selected random staff and inmates for interviews and provided those names to the PREA Coordinator and staff. The auditor was notified that the inmate count on the first day of the onsite audit was 271.

The McHenry County Adult Correctional Facility is a single building facility with 20 housing units and a total bed capacity of 650. The current average daily population for the last 12 months is 341.

The first-floor public lobby, vehicle sallyport, administration, roll call, staff lockers, staff dining, loading dock, courtroom, public court viewing area, and several conference rooms are areas of the physical plant that are not secure and are not inmate occupied.

The first floor contains a warehouse, laundry, intake and booking areas, a Sergeant's office, kitchen, central control, and several interview rooms. These areas are detailed in specific area observations.

The second and third floor secure facility inmate housing areas are modular/podular designed multilevel units with indirect and direct supervision methods. Select units combine elements of both supervision styles. There are officer stations (towers) in units two and three, with three officers assigned to each post with indirect supervision. A hallway connects units two and three, with a multipurpose room and two recreation areas. Blocks four and five have a two-officer control post with one officer stationed inside the block that maintains direct supervision of the units. A communal hallway connects these units, and each block has recreation areas.

There is a fourth floor of the physical plant called Block six. This block is not used for inmate housing and has not been utilized for housing inmates in six years. The auditor made verification through observation, interview, and writing that this area is used only for storage and training.

A basement level contains a long hallway and a court holding area with visual and remote inmate observation.

The housing units have cell doors, wet cells, multiple individual showers on the ground floor, and a large dayroom. The showers have a door covering the inmate's body and genitalia but provides the officer a clear view of the inmate's feet and head to ensure safety and security. Block two and section two have retrofitted extensions to ensure privacy as camera angles would have otherwise provided viewing into the shower. The auditor verified camera views into the showers throughout the facility did not broach privacy. Telephones and kiosks are mounted to walls in the dayroom. There are signs to provide inmates with information about PREA, the right to be free from sexual abuse, the ways to report incidents of sexual abuse, and the available counseling services. The auditor saw the required audit notice posted in the housing units in two languages. There are several overhead cameras in each dayroom, but no cameras inside the inmate cells. The officer's station in the housing unit is a non-inmate area. The auditor could not see any blind spots in the housing units or the units' entry hallway. There is a multipurpose room, library, barber, and interview office (*Intel Unit*) in the second-floor hall. Each of these rooms is secured, is on camera, and the auditor could not identify any blind spots. The Intel Unit has an office partition, and inmates are not permitted behind the section. The second-floor mezzanine contains a visitation area and each block's control center. The third-floor housing areas are similar, with no multipurpose or interview rooms in the adjacent hallways. There were '*knock and announce*' postings for staff at each housing unit. Each blocks housing capacity is as follows:

<u>BLOCK 2</u>	<u>BLOCK 3</u>	<u>BLOCK 4</u>	<u>BLOCK 5</u>	<u>BOOKING</u>
Section 1 – 32	Section 1 – 32	Section 1 – 64	Section 1 – 64	Female – 24
Section 2 – 32	Section 2 – 32	Section 2 – 64	Section 2 – 64	Male– 36
Section 3 – 32	Section 3 – 32	Section 3 – 12	Section 3 – 8	
Section 4 – 32	Section 4 – 32	Section 4 – 24	Section 4 – 24	
Section 5 – 20	Section 5 – 20			
Section 6 – 6	Section 6 – 12			

The auditor began the site review in the facility's first floor public lobby and visitation area. The facility had a posting for public education in the public lobby area. The PREA posting contained information about the facility's Zero Tolerance policy and additional information for 3rd party reporting of sexual abuse at this facility.

The auditor then moved to the laundry, mechanical, warehouse, and kitchen areas. This wing shared a communal hallway, and the laundry area was an open workspace and included the mechanical room. This area is an inmate work area, and there are two cameras in the laundry room. One camera is at the doorway, and the other is in the room, and the auditor could not identify any blind spots. An informal interview of the male inmate worker assigned to the facility's laundry post indicted this area's frequent and unpredictable security supervision presence. The warehouse is across the hall from the laundry and is of open design with shelving and cameras that view this area, and the auditor could not identify any blind spots. The kitchen is large and is staffed by both contractors and male inmate workers. There are

three strategically placed cameras in the kitchen, and the auditor could not identify any blind spots. There is an additional camera in the dry goods room. A closet off to one side of the kitchen is secured, and no inmates are permitted in that room. Inmates are never left unattended in the kitchen. All storerooms have locked doors and are not accessible without staff authorization. The auditor could see camera coverage and no blind spots in the storage areas. Inmate workers are not allowed inside the food service office. The office has glass windows and is on camera. The auditor spoke informally with the kitchen supervisor, who confirmed that all staff members receive required PREA education and annual instruction through the facility and their employer.

The auditor then went to the loading dock area. This area shares a hallway with the industrial areas. This area contains a long hallway with four cameras, and the auditor could not locate any blind spots. This section includes a mix of secure and insecure areas to facilitate deliveries. There is also a mail sorting station, and there are never any inmates in that area.

The auditor went to the facility's central control room. The facility's control center is a single officer post with access to the two hundred and twenty-nine cameras throughout the entire facility. The control room operators monitor cameras throughout the facility so staff can access housing units, elevators and enter and exit the secure facility. These cameras are monitored twenty-four hours a day. The auditor inspected each camera view to determine if showers or toilets were viewable from the video system. No cameras allowed for the viewing of inmates in a state of undress. Where cameras could view into showers or bathrooms, where physical barriers did not prevent viewing, a digital 'blackout' obfuscation was made within the digital camera system to avoid remote viewing. During a review of the video system, the auditor saw one camera was located adjacent to a scanner in the intake area of the facility that did have an unobstructed view of a toilet. This camera view was edited by facility administration, and the view was digitally obstructed while the auditor was onsite. The auditor made visual confirmation that the obfuscation was complete before departure. Informal discussion with the control operator indicated that there are no announcements of supervisory rounds made by staff and that supervisory rounds took place multiple times per day. Outside the control room are two interview rooms with camera oversight and a central hub where the shift supervisors' offices are. The auditor could not identify any blind spots in this area.

The auditor proceeded to the booking area. This area contains a vehicle sallyport. The vehicle sallyport is outside the facility's secure perimeter. The sallyport has multiple cameras. Inside the booking area, the auditor participated in a simulated inmate booking process and could see the flow for inmates from the initial pat search through their move to initial housing. The risk screening was provided to the auditor. The auditor saw separate male and female 'dress in' rooms near the property storage area. These rooms had individual dressing room-style booths to ensure privacy while inmates changed clothing. The doors to these booths do not lock. There are separate male and female showers in these areas with privacy partitions. The auditor could not identify any blind spots in these areas. There were multiple postings for sexual safety posted throughout the booking area in English and Spanish. The auditor counted at least six different sexual safety (PREA related) posters in this area, in addition to the audit notice posting. The auditor later simulated the intake process with the nurse to complete the second (primary) part of the risk screening for inmates.

Staff indicated that strip searches are performed by one officer, only in private out of view of other inmates, and are not performed on camera. Strip searches only occur in limited circumstances for those inmates that can legally be strip-searched by state statute and policy. An officer of the same gender as the inmate performs the strip searches.

There is a large property room, which is secured and not an inmate area. There are three cameras in this room, and the auditor could not identify any blind spots in this area.

The booking area contained multiple holding, isolation, communal waiting areas, and multiple officer stations with direct and indirect supervision. There are cameras in the holding cells with obfuscated views.

The auditor then moved to medical services. The auditor viewed exam rooms and areas, holding cells, and staff offices. Inmates were not allowed in the offices, and exam areas had doors to provide privacy for exams. Officers complete rounds every 20-30 minutes in this area. There is a teleconference (overflow) room unrelated to health services in this area. There were no blind spots and adequate camera coverage in the medical services area.

The auditor then moved into the second-floor inmate housing. This area consists of podular dormitory-style housing with indirect supervision. There are six units to each of blocks two and three. These units are male housing except block two units five and six and block three-section five. Males are sight and sound separated from females. Multiple officers work each block. Before entry, the staff made cross-gender announcements. Inside the housing unit, the auditor could see cameras in the dayroom. The showers have individual stalls and a door covered each. The inmates and staff confirmed that the post was not limited to a specific gender officer. This unit also had telephones and kiosks in the dayroom area. During the visit to the housing units, the telephones were operational. Several inmates advised the auditor that information regarding PREA was on the kiosk. In addition to the audit notice, the facility's PREA zero-tolerance information, reporting information, available counseling services, and knock and announce signs were posted. There were signs that the area was patrolled by both male and female officers. There were paper grievance boxes; however, requests and grievances are primarily electronic via kiosk. Each unit has an attached gym with a camera. There is a restroom in the gym with no camera in the restroom. There were no blind spots and adequate camera coverage.

The auditor then moved into the third-floor inmate housing. This area consists of podular dormitory-style housing with a combination of direct and indirect supervision. There are four units to each of blocks four and five. These units are male housing. Blocks one and two of each section have direct supervision posts inside the dayroom area. Multiple officers work each block. Before entry, the staff made cross-gender announcements. Inside the housing unit, the auditor could see cameras in the dayroom. The showers have individual stalls and a door covered each. The inmates and staff confirmed that the post was not limited to a specific gender officer. This unit also had telephones and kiosks in the dayroom area. During the visit of the housing units, the auditor noted operational telephones. In addition to the audit notice, the facility's PREA zero-tolerance information, reporting information, available counseling services, and knock and announce signs were posted. Signs were present that indicated that the area was patrolled by both male and female officers. There were paper grievance boxes; however, requests and grievances are primarily electronic via kiosk. Each unit has an attached gym with a camera. There is a restroom in the gym with no camera in the restroom. There were no blind spots and adequate camera coverage. These sections house the specialized housing units for disciplinary or administrative placements. The auditor spoke to a transgender inmate that was in this administrative housing area by request. The inmate reported being able to shower alone, with daily privileges and activities no different from the general population, and regular housing status reviews by staff and supervision.

The auditor then went to the basement of the facility. This area is designated as court holding. This area consists of a long hallway with an officer station that multiple officers operate. There are several holding cells, with three cameras pointed toward them. There are no cameras in the holding cells, and inmates may use the restroom without being viewed by staff. The hallways have four cameras, and there were no blind spots and adequate camera coverage.

The hallways throughout the facility were clean, clear, providing no blind spots and a clear image of inmate and staff movement on facility cameras. The auditor did not locate any unlocked doors where inmates could enter without an escort.

The auditor had informal conversations with several staff members throughout the building. Each person correctly identified the appropriate steps to take if they identified an incident of sexual abuse or sexual harassment. They could also explain inmate rights, prohibitions against retaliation, signs of abuse, and ways to avoid staff sexual misconduct. The auditor also had informal conversations with inmates in each area. Every inmate understood what PREA was, could tell the auditor how to file an allegation, and recalled PREA screening at intake. Inmates recalled being told where to get additional information at intake and on the video played daily in the facility. Each inmate described overall safety in the jail. The inmates explained that staff of the opposite gender always announce before entering, and the inmates were never seen when undressed by staff of the opposite gender. Multiple inmates stated that they felt safe in this facility and that it was the best facility in which they had ever been incarcerated.

The auditor asked questions about the grievance process. Grievances are submitted on the kiosk and go directly to the grievance coordinator. Staff confirmed that inmates could submit grievance forms to supervisors if requested.

The auditor visited the shift supervisors, training, and administrative offices. Each of the offices was adequately secured and was not open to inmates.

Inmate Interviews

The auditor began interviews at the end of the first day of the audit and continued the interviews into day two. Based on the inmate population of 271 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that 26 total inmate interviews must be conducted; a minimum of 13 random inmates and 13 targeted interviews are required. One targeted inmate was released before an interview, and another targeted interview refused to speak to the auditor. As a result of low targeted inmate census and thresholds being one inmate below requisites, the auditor performed eight additional random inmate interviews to exceed interview parameters. The PREA coordinator and an Officer Assistant facilitated interviews of all inmates in a private setting in an interview room. (Intel Office) For random inmate interviews, the auditor selected 22 inmates from a roster of current inmates in no particular fashion. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Category of Inmates	Interviews Conducted
Random Inmates (Total)	22
Targeted Inmates (Total)	12
Total Inmates Interviewed	34
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0
• Inmates with physical disability	3
• Inmates who are blind, deaf, or hard of hearing	1
• Inmate who are LEP	4
• Inmates with a cognitive disability	1
• Inmates who identify as lesbian, gay, or bisexual	0
• Inmates who identify as transgender or intersex	1
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	2

• Inmates who reported sexual victimization during risk screening	0
Total Number of Targeted Inmate Interviews	12*

(*Some interviews included multiple categories)

The PREA coordinator provided the auditor with a complete list of inmates and a list of inmates who might meet a targeted category for an interview. The auditor interviewed all inmates that met targeted interview criteria.

Staff Interviews

The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (Total)	15
Specialized Staff (Total)	22
Total Staff Interviewed	37
Breakdown of Specialized Staff Interviews:	
• Intermediate- or higher-level facility staff	2
• Facility PREA Compliance Manager	1
• Agency contract administrator	1
• Medical and mental health staff	4
• Non-medical staff involved in cross-gender strip searches	0
• Human resources staff	1
• SANE staff	1
• Volunteers and Contractors who have contact with inmates	1
• Investigative staff	1
• Staff who perform screening for risk of victimization	1
• Staff who supervise inmates in segregated housing	2
• Incident review team	1
• Designated staff member charged with monitoring retaliation	1
• First responders, security staff	2
• First responders, non-security staff	0
• Line staff who supervise youthful inmates	0
• Education and program staff who work with youthful inmates	0
• Intake staff	2
• Food service	2
• Maintenance	0
• Mailroom Staff	0
• Training Supervisor	1
• Inmate Disciplinary Hearing Staff	1
• Grievance coordinator	1
• Chaplain	0

(*Some staff members fit several interview criteria)

The PREA coordinator supplied the auditor with a list of staff names, and the auditor chose random staff to participate in the staff interviews. The Auditor was provided the names of staff working specialized positions. Some staff members filled multiple duties in the facility and were interviewed for various specialized staff positions. The facility lists 343 volunteers and 18 contractors on their approved entry list. The auditor interviewed multiple contractors (kitchen and medical staff) as part of the specialized staff interviews. Due to the ongoing coronavirus emergency and canceled volunteer activity, no volunteers were interviewed. Information regarding volunteers was confirmed through the PREA Coordinator and is reviewed under that standard discussion later in this document. The auditor selected staff members from each shift roster representing all shifts for random staff interviews. Random staff interviews were conducted in a private setting in the administration area. The specialized staff interviews were conducted in the same manner.

Document Sampling and Review

The facility provided the auditor with the requested documents, files, and records listings. The auditor verified that no grievances were listed related to sexual abuse or sexual harassment that were not included in the investigation files. From this information, the auditor selected and copied a variety of files, records, and documents summarized in the table below:

Name of Record	Number Reviewed
Employee Files	10
Volunteer Files	5
Inmate Files	10
Investigation Files	20
Total Files	45

Employee Files: The auditor provided ten employee records, including hiring information, screening, and training documents. Five of these files were hired within the previous 12-month period.

Inmate Files: The auditor reviewed ten inmate files selected to match the risk screening records provided to the auditor during the site review.

Investigation Files: During the previous 12 months, there were 14 allegations of PREA related misconduct at the facility, and each of the investigations was closed and completed. The auditor reviewed the investigation records, including medical and mental health records for alleged victims, for the sexual abuse and sexual harassment incidents reported during the 12 months preceding the audit. There were two substantiated allegations of sexual harassment. There were two reports of criminal investigations. The investigation dispositions are shown below:

	Substantiated	Unsubstantiated	Unfounded
Inmate-on-inmate abusive sexual contact	0	0	0
Inmate-on-inmate nonconsensual sexual act	0	0	0
Inmate-on-inmate sexual harassment	1	4	1
Staff-on-inmate sexual misconduct	0	0	2
Staff-on-inmate sexual harassment	2	0	4
Total Allegations	3	4	7

On the last day of the onsite phase of the audit, the auditor held an exit meeting with the Chief of corrections, the PREA coordinator, and critical department, and divisional administrative and supervisory team members. The auditor provided staff with an overview of the positive points found during the onsite phase of the audit. The auditor also presented a few recommendations for improvement, but an overall positive report from the onsite review.

The facility staff was cordial and cooperative during all phases of the audit. Interviews with staff and inmates were completed timely due to the cooperation of the facility staff and the PREA Coordinator.

Post-Onsite Audit Phase

During the post-onsite phase, the auditor requested additional documentation from the PREA coordinator to complete the review of a few standards. The documentation was provided immediately, and the auditor was able to complete the review promptly. The auditor completed a test phone call (after-hours call) to the outside hotline number for the facility. An on-duty shift Lieutenant quickly answered the call.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The McHenry County Adult Correctional Facility is located at 2200 N. Seminary Avenue, Woodstock, IL, 60098. The facility is operated by the McHenry County Sheriff's Office and was constructed and opened in 2006. The Detention Center employs 162 correctional staff, who all work under the leadership of the Sheriff. The Corrections Operation is led by a division Chief. The facility assigned 23 officers per shift to security operations.

This is a county jail facility housing pre-trial inmates and those inmates sentenced to serve less than one year in jail. Those sentenced to more than one year are transported to the Illinois Department of Corrections. The facility houses male and female inmates at all security levels and houses no youthful inmates. The age range of offenders spans from 18 to 74. The facility's average daily population for the last 12 months is 341, with an average length of stay of 32 days. Of the 341 average daily population, the facility averages 305 male inmates and 36 female inmates.

The jail has four housing units that contain multiple blocks. These areas are direct and indirect supervision. All cells in direct supervision and indirect supervision are wet cells. Showers throughout the facility have a door installed. The door covers from about the knee up to about the shoulders. Officers in the housing units can view inmates at the head and feet to provide safety and security without viewing the inmate's body. Units in direct supervision house up to 64 inmates, and indirect supervision house up to 32 inmates. One of the male and female blocks provides housing for maximum-security inmates, mental health, disciplinary confinement, and protective custody.

The facility entrance is staffed by an officer, and visitors and staff must pass through a metal detector before entering the facility. Entry into the secure facility is made through a sally port on the first level. Inmates enter the facility through the vehicle sally port attached to the booking and intake area. Inmates are released from the facility in the same area. Inmate movement to and from the facility is minimal, as

the facility has a secure walkway attached to the McHenry County Courthouse in the same building. This design enables the facility to limit the contraband flow and eliminate the use of vehicles. Visitation is held seven days per week but is not held within the secure confines of the facility. All visitation is held through remote video. Under standard (Non-Covid lockdown) circumstances, the Correctional Facility will allow each Inmate/Detainee to receive one free On-Site visit per day. On-site visitation is currently suspended due to Covid restrictions.

Inmate health and mental care services are provided through WellPath, a contracted provider. Services are available to inmates twenty-four hours per day. Forensic medical examinations are performed by staff at Northwestern Memorial Hospital.

The facility's kitchen is staffed by non-sworn contracted Aramark employees and an officer assigned for security oversight. The kitchen layout provides clear viewing of all activities, and the storerooms, freezers, and refrigerators are secured. Aramark staff must open these areas at the request of the kitchen staff before any inmate may access the area to obtain needed items for food preparation.

The laundry and warehouse storage areas are in a common hallway and are patrolled and monitored remotely.

The facility offers a wide range of recovery programs for those inmates facing problems with drugs and alcohol. The facility also provides religious services, including church, pastoral care, bible study, counseling, confession, communion, Jumu'ah, Muslim prayer services, and study. Educational opportunities for legal orientation, English as a second language, and primary education are present.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 0

Number of Standards Met: 45

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403.

Number of Standards Not Met:

0

Summary of Corrective Action (if any)

Each standard discussion contains information specific to any needed corrective action.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☐ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. G.O. 3.4.5-03 – Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program
 2. Corrections Operations Organizational Chart
2. Interviews:
 1. PREA coordinator
 2. PREA compliance manager

Findings (by provision):

115.11(a). The McHenry County Adult Detention Facility has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The facility provided their (General Order) G.O. 3.4.5-03 – Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program, containing their entire sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency's zero-tolerance policy and identifies its approach to preventing, detecting, and responding to sexual assault incidents in their facility. This policy provides the definitions for sexual abuse and sexual harassment consistent with the prohibited behaviors in the PREA standards. The policy also outlines sanctions for those that have participated in prohibited behaviors in the facility. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.11(b). The agency has designated an agency-wide PREA coordinator, assigned these duties and other collateral supervisory responsibilities. The facility's organizational chart was provided for review. The PREA coordinator's position is a direct report to a Lieutenant of the Detentions Division. This Lieutenant is a direct report to the Division Chief, who is the Division Head, and reports to the Sheriff. There was no question about the authority level of the PREA coordinator at this agency. The auditor interviewed the PREA coordinator and confirmed that she has other responsibilities but has ample time to oversee the agency's efforts to comply with the PREA standards. She has direct access to the Division Chief, who will report PREA issues directly to the Sheriff. Based on this interview and my contact with the PREA coordinator during the several months of this audit, the auditor believes she has both the time and authority necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.11(c). This agency does not operate more than one facility.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (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 inmates OR the response to 115.12(a)-1 is "NO".) ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. None
2. Interviews:
 1. Agency Contract Administrator

Findings (by provision):

115.12(a) The agency does not contract with any other agency for the housing of their inmates.

115.12(b) The agency does not contract with any other agency for the housing of their inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices 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 judicial findings of inadequacy 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 findings of inadequacy from Federal investigative agencies 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 findings of inadequacy from internal or external oversight bodies 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 all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) 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 inmate 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 number and placement of supervisory staff 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 institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards 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

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. G.O. 3.4.5-03 – Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program
 2. G.O. 3.2.3-02 – SECURITY & SUPERVISION
 3. McHenry County Adult Correctional Facility Staffing Plan
 4. Housing Event Logs
 5. Meeting Notes
2. Interviews:
 1. PREA Coordinator
 2. Agency Head
 3. Random Inmates
 4. Random Staff
 5. Specialized Staff
3. Site Review Observations
 1. Control room (video monitoring)
 2. Supervisor's Office
 3. Housing units
 4. Kitchen
 5. Health services

Findings (by provision):

115.13(a). The agency provided a copy of the McHenry County Adult Correctional Facility Staffing Plan. The document is well written and provides a comprehensive view of the staffing in the facility. The plan includes a review of the inmate population, the programs, and activities available for inmates, the medical and mental health care available, video monitoring, physical plant, and staff coverage plan. The plan was reviewed within the last year.

The staffing plan mandated in this provision must take into account 11 considerations:

1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – The Detention Center is audited by the Illinois Department of Corrections (IL DOC). It is accredited by the American

Correctional Association and the National Commission on Correctional Health Care. (NCCHC) This agency has standards to ensure proper staffing for the safety of the inmates and staff. The Detention Center is also inspected annually and must conform with Immigration and Customs Enforcement detention standards. (2000 National Detention Standards)

2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – The Correctional Facility states that there are no such findings.

3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – The Correctional Facility states that there are no such findings.

4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – The facility is audited and accredited by the Illinois Department of Corrections. (IL DOC) This agency has standards to ensure proper staffing for the safety of the inmates and staff. The Correctional Facility is also inspected annually and must conform with the Illinois Department of Corrections standards. Additionally, this facility is regularly inspected by the ICE Detention Standards and Compliance Unit and is an American Correctional Association accredited facility.

5. Provision 115.13(a)(5) – All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) – The Correctional Facility addresses this in documented planning meetings.

6. Provision 115.13(a)(6) – The composition of the inmate population – The Correctional Facility houses male and female adult inmates. The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation, or age.

7. Provision 115.13(a)(7) – The number and placement of supervisory staff – The Correctional Facility addresses supervisors' placement for the proper supervision of staff and the safety of the inmates. This facility has a significant level of supervisory staff.

8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – The Facility considers the various inmate programs and religious activities available to inmates. They have assigned staff members to ensure facility safety and security. This staffing allows programs to continue without disruption to the regular staffing of the security operations.

9. Provision 115.13(a)(9) – Any applicable State or local laws, regulations, or standards – The facility must meet the IL DOC standards and complete an annual review to maintain compliance

10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – The staffing plan addresses the periodic review of incidents of sexual abuse reported in the facility. This review has not highlighted any need for changes to the staffing plan.

11. Provision 115.13(a)(11) – Any other relevant factors – The plan has determined there are no other relevant factors at this time that would affect the plan.

The overall staffing of the facility is consistent with accepted practices and standards of the IL DOC, and the auditor saw nothing in the plan or in the facility that would be inconsistent with that finding.

During the site review, the auditor found no areas of concern that would be considered blind spots in the facility. The auditor reviewed all areas, including the kitchen, laundry, medical and mental health, and all housing units. There are visible cameras throughout the facility, and the auditor could see where the

facility had identified potential areas of concern. The cameras are strategically placed. This would support an assertion that the facility has done an extensive review. The auditor visited the control room, where staff actively monitored video within the facility. There appeared to be comprehensive coverage in all areas of the facility.

The auditor talked with several supervisors throughout the facility and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and inmate safety.

During the onsite review, the auditor spent time in the facility's kitchen area and talked with the staff and inmate workers present. Through the interactions with the staff and inmates, the auditor can see that the opportunity to participate in the work program is a highlight for the inmates and helps maintain positive behavior. This supports the staffing plan regarding ample staff availability.

The auditor interviewed the Division Chief, the acting agency head, who confirmed the existence of a written staffing plan. The plan includes a review to ensure adequate staffing to meet the agency's efforts to prevent, detect and respond to incidents of sexual abuse. The video monitoring system is evaluated constantly to determine if the agency should make adjustments to identify safety concerns better. The facility utilizes an overtime system to ensure proper coverage on each shift to avoid deviations that could lead to unsafe conditions in the facility. The Chief reviews staffing reports and addresses any concerns immediately. The auditor also interviewed the PREA coordinator, who confirmed that she played a role in developing the staffing plan. She understood the need to review and maintain supporting documentation regarding each of the points in this standard in developing the plan. Each of the points assists the agency in better preventing and detecting sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). The Detention Facility does not deviate from the staffing plan. The facility utilizes a system for overtime to avoid deviations from the plan. Shift supervisors use the overtime list to fill open shifts due to sick and vacation leave or leaves of absence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). The staffing plan provided was written within the last 12 months. The PREA coordinator provided documentation that this section was reviewed in March of 2021 by a facility Lieutenant and the PREA coordinator in consultation with the essential command staff. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided G.O. 3.2.3-02 – SECURITY & SUPERVISION. This policy states, "Supervisory staff conducts daily rounds of all areas occupied by detainees/inmates at random intervals on all shifts, including weekends and holidays. Unoccupied areas are to be inspected at least weekly. Rounds and inspections are documented. Staff are prohibited from alerting other staff that such rounds are being conducted. (4-ALDF-2A-12)."

During interviews with 21 of 22 random inmates, each inmate clearly stated they often see supervisors in the housing units. One inmate answered most of the auditors' questions in a manner inconsistent with any of the other interviewed inmates and was hostile during the interview. During interviews with 15 random staff members, staff stated that supervisors perform unannounced rounds daily and at different times. Supervisors interviewed indicated that rounds are performed at all times of the day and night. Also, during the site review, the auditor saw supervisors performing their unannounced rounds.

Several copies of event logs were supplied, which showed various supervisors logging in rounds throughout the facility. Rounds were logged at all times of the day and night. The logs were from different days of the week throughout the month. The auditor also reviewed random records while onsite,

observing supervisory rounds logged. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 1. Agency Provided Statements
 2. Illinois State Statute
2. Interviews:
 1. Specialized staff
 2. Targeted inmates
 3. Random inmates
3. Site Review Observations
 1. Housing Units
 2. Inmate Roster

Findings (by provision):

115.14 (a), (b), (c). In accordance with Illinois State Statute 405/5-105, the McHenry County Sheriff's Office Adult Correctional Facility does not confine youthful offenders. The auditor reviewed documentation (Statement of Fact) supplied by the agency that supported no youthful offenders are ever housed in the facility. Inmate rosters were verified to have no youthful offenders. The auditor confirmed that no youthful inmates were housed within the facility through random and specialized staff and inmate interviews. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (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 inmates? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (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 inmates 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 1. GO – 3.3.1-10 SEARCHES OF DETAINEES/INMATES
 2. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 3. GO – 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES
 4. Agency provided Statement of Fact
 5. Training curriculum
 6. Training records
 7. Housing logs
 8. Illinois County Jail Standards (Illinois Administrative Code, Title 20 Chapter 1, Subchapter f, Part 701, Section 701.40)
2. Interviews:
 1. Specialized staff
 2. Targeted inmates
 3. Random inmates
3. Site Review Observations:
 1. Control rooms (electronic monitoring)
 2. Search / Change room
 3. Bathrooms and shower areas
 4. Housing units
 5. Medical services

Findings (by provision):

115.15(a). The facility provided GO – 3.3.1-10 SEARCHES OF DETAINEES/INMATES. This document explicitly describes the policy related to when and how searches are performed on inmates. This policy prohibits cross-gender strip searches and cross-gender body cavity searches of inmates (Statement of Fact). The policy requires supervisory approval, Division Chief approval, court order, or warrant for body cavity searches, which are only performed by medical staff at a hospital. The PAQ shows that no body cavity searches were performed in the previous 12 months. This practice is consistent with Illinois County Jail Standards (Illinois Administrative Code, Title 20 Chapter 1, Subchapter f, Part 701, Section 701.40)

During the site review, the auditor viewed the search room in the facility's intake area. This room has no camera inside. It is utilized only for strip searches following supervisor approval and only for those arrested for offenses where strip searches are allowable based on Illinois State Statutes. Informal discussion with inmates confirmed that information, with all inmates stating that they were never searched by a staff member of the opposite gender. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(b). The policy requires that all pat-down searches of female inmates be performed by female officers unless there is an exigent circumstance that allows a male officer to perform the search.

During informal discussions with staff and random interviews with staff and inmates, everyone confirmed that female staff members perform pat searches of female inmates. The auditor interviewed 22 random inmates, five of which were female, and each female stated clearly that they were never searched by a male staff member or witnessed a male staff member searching a female inmate. All five female inmates said that male officers could not search them. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(c). In the PAQ, the facility marked zero cross-gender searches over the previous 12-month period. The policy clearly shows that if any such search was performed, an incident report was to be written immediately to document the reason for the search and the supervisor who approved the search. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(d). The policy clearly states that inmates must have privacy as required in the standard. The policy also clearly requires that all officers announce their entry when entering a housing unit with detainees/inmates of the opposite gender. Every time an officer exits a housing unit with detainees/inmates of the opposite gender and re-enters it, they must announce their entry.

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. The auditor could see the specific actions taken to provide privacy in all areas. All the showers in direct and indirect supervision are single showers and have a door covering the inmate from the knee to the shoulder. This allows the officer to view the inmate's feet and head to ensure safety and security. The officer, however, cannot view the inmate's breasts, buttocks, or genitalia as required in this standard. Toilets in direct and indirect supervision are inside inmate cells and allow for privacy. The auditor could not see an inmate in the shower in any housing unit in the facility because of these privacy measures.

The auditor visited the control room, where video is monitored by staff. The auditor could view housing units in the control room and determined that no cameras could view the restrooms or showers.

Also, during the site review, the auditor routinely witnessed cross-gender announcements during entry into housing units. The auditor was escorted into several female housing units by male staff. Each time the auditor and the officer approached the unit door, the officer on duty made an appropriate announcement. This allowed inmates the opportunity to cover up if it was necessary. The auditor also observed officers clearly stating that females were entering the male housing unit.

During random interviews with 22 inmates, all but one stated that officers routinely announce entry to the unit. Inmates also confirmed they felt comfortable showering and using the restroom without staff members of the opposite sex viewing them. During random interviews with staff members, they confirmed that cross-gender announcements are made every time someone enters a housing unit. Officers stated clearly that they cannot see inmates in the showers and restrooms and will only see inmates naked during routine cell checks and security rounds. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). The facility provided GO – 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES. This policy outlines the steps to recognize inmates who identify as transgender males and transgender females. The policy prohibits security staff from viewing the inmate's body to determine the gender of any inmate. The policy states clearly that a medical staff member Medical staff may be consulted to make such determinations. During interviews with 15 random staff members, the auditor asked about the strip search policy and the identification of transgender inmates. All 15 staff members were aware of the policy regarding strip searches and the identification of transgender inmates. During the onsite phase of the audit, one particular inmate was identified as transgender. It was

confirmed through an interview with this inmate that there were no searches conducted for the sole purpose of determining their genital status. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(f). The facility provided documentation to the auditor supporting that all security staff has received training on conducting cross-gender pat-down searches and searches of transgender and intersex detainees/inmates professionally and respectfully, consistent with security needs. The training is conducted in the In-House Academy and at annual Roll Call Training and is supported by training records. The auditor was provided training records for the last three years, which confirms the completion of training for all staff members. Records indicated confirmation of training for all officers.

During random staff interviews, all 15 staff members stated that they had received training on performing pat searches of transgender inmates. All those interviewed said that searches must be done professionally and respectfully. Officers stated that a transgender inmate would be given a search preference option (with supporting documentation) and select either a male or female to perform the strip search. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

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

115.16 (a)

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 1. GO – 3.4.5-02 DETAINEES/INMATES WITH DISABILITIES
 2. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 3. Language Line Information
 4. Inmate Handbook
 5. PREA Orientation Video
2. Interviews:
 1. Agency head
 2. Targeted inmates
 3. Random inmates
3. Site Review Observations:
 1. Postings in housing units
 2. Medical housing
 3. Inmate educational materials

Findings (by provision):

115.16(a). The auditor was provided General Orders GO – 3.4.5-02 DETAINEES/INMATES WITH DISABILITIES, and GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy ensures that detainees/inmates with disabilities have the same access to, and benefit from, all services, programs, and activities available to other detainees/inmates and comply with the Americans with Disabilities Act and the American Correctional Association standards of fair treatment.

The policy directs staff to utilize contracted interpreter services to assist inmates that are not proficient in English, are blind or deaf, or require other interpretation services to understand the information provided. The Inmate Handbook is provided in English and Spanish, and the initial PREA education pamphlet is also available in both languages. There are bilingual staff members who can interpret languages to assist inmates. The agency has a language interpreter from the Government Center or Circuit Clerk's Office when needed for interpretation in American Sign Language.

The auditor talked with bilingual inmates who spoke Spanish and English during the site review. These inmates understood what PREA was and knew how to report an incident of sexual abuse if needed. There were signs clearly posted in the intake area and each housing unit in English and Spanish. The PREA coordinator confirmed that a video would educate blind inmates by reading the information to them. A deaf inmate would receive a handout or inmate handbook for reading. The auditor viewed the inmate orientation PREA information video, and it was easy to understand and contained closed captioning.

The auditor interviewed three targeted inmates, one who had a gunshot wound to his leg, one who was hearing impaired, and another with lower extremity mobility issues. All three inmates could explain what PREA was, the prohibited behaviors, and how to properly report an incident of sexual abuse or sexual harassment. They all felt very safe and did not feel sexual safety was a concern. They were able to see signage and could access grievances and telephones. The agency head confirmed that all efforts are made to provide all inmates with the required PREA information. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(b). The auditor was provided General Orders GO – 3.4.5-02 DETAINEES/INMATES WITH DISABILITIES, and GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states that Staff shall take reasonable steps to prevent, detect and respond to sexual abuse and sexual harassment to detainees/inmates who are LEP.

The policy directs staff to utilize interpreter services to assist inmates that are not proficient in English, are blind or deaf, or requires other interpretation services to understand the information provided. The Inmate Handbook is provided in English and Spanish, and the initial PREA education pamphlet is also available in both languages. The agency has providers for interpretation in American Sign Language either through the Government Center or Circuit Clerk's Office. The agency provides a language line that would be utilized to provide to inmates who spoke other languages.

The auditor spoke with four inmates who spoke only Spanish during the random inmate interviews. The auditor was able to talk to all four in English by using a language line. All four were familiar with the PREA orientation, screening, and various reporting processes. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(c). During the onsite phase of the audit, the auditor spoke with 15 random staff members and 22 random inmates. All staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate.

The agency head and the PREA coordinator confirmed that inmate interpreters are prohibited in the policy and not authorized. Rather than use an inmate, they would utilize a language line to translate PREA information and give that directly to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (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 inmates? ☒ Yes ☐ No

115.17 (c)

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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

- 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 1. GO – 3.1.3-01 EMPLOYMENT STATUS
 2. GO - 1.5.00 STANDARDS OF CONDUCT
 3. McHenry County Work Rules
 4. Employment Application

5. Internal Affairs Background Investigation Checklist
6. Employment records
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.17(a). The auditor was provided GO – 3.1.3-01 EMPLOYMENT STATUS. This document includes the approval and screening processes for all officer positions. The hiring process for all jobs consists of a criminal background check, searching records in Illinois and nationally, and a complete background investigation. This report will locate and review an individual's Illinois criminal history report, other states' arrests, federal arrests, and the Illinois and National Sex Offender registries. It will also include any outstanding arrest warrants and domestic violence injunctions. The background investigation process contains provisions that the agency will not hire any individual without first verifying that they have not engaged in any form of sexual abuse/harassment while currently employed, during previous employment, or within the community setting.

The agency's employment application requires that the applicant answer affirmatively regarding any prior criminal arrests. The criminal background check verifies that supplied information is correct. The applicant then must take a polygraph test before final selection for employment. The screening process established by this agency is extensive and is thoroughly documented.

During the onsite phase of the audit, the auditor met with administrative staff equivalent to a human resources representative. (Hiring is internal to this Department and not through other County divisions or other external sources.) He discussed the hiring and review process. The auditor reviewed several staff employment records. The auditor could see background checks and an extensive list of additional screening had been completed of applicants by the Internal Affairs Division.

The auditor interviewed the PREA Coordinator, who confirmed that the background check must be completed and approved by the administration before any person was granted entry into the facility. She advised the auditor that the facility would not hire or promote anyone who may have contact with inmates and prohibit the services of any contractor who may have contact with inmates who have engaged in activities inconsistent with this standard. The auditor was provided the Contractor and Volunteer Approval List, which is reviewed before giving access to all volunteers and contractors. This process was discussed in-depth with a facility Lieutenant and confirmed.

The auditor confirmed through these interviews that the facility would not grant employment or approve an individual for volunteer work or as a contractor if they have engaged in sexual abuse in a corrections facility or been convicted of a sexual abuse-related offense. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(b). During the screening of applicants and a promotional process for staff members and hiring volunteers and contractors, individuals are reviewed to determine if they have been involved in incidents of sexual harassment. The policy includes provisions to include this information for consideration in these processes. This practice is reflected in a review of screening documentation.

During interviews, a facility Lieutenant and the PREA Coordinator confirmed that sexual harassment allegations are considered during all individuals' approval and hiring processes. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(c). As discussed in provision 115.17(a) above, the agency completes a criminal background check for all individuals during the hiring process. The GO requires that the agency complete an employment history check for all individuals during the hiring process.

This requirement was discussed during the interview with the administrative staff equivalent to a human resources representative and the PREA Coordinator. The agency will not hire an individual with a negative employment history check. This includes asking prior corrections employers if the individual had a substantiated sexual abuse allegation or resigned during an investigation of sexual abuse. The agency could not provide proof of denying employment based on this evaluation because it has not happened over the last five years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(d). As discussed in provision 115.17(a) above, the agency completes a criminal background check for all individuals seeking to provide volunteer services. This is also true for individuals that will work as contractors in the facility that will have inmate access.

During the auditor's interview with the administrative staff equivalent to a human resources representative and the PREA Coordinator, it was confirmed that background checks are completed before any individual is approved for entry into the secure facility. Once the background is completed, the administration must approve the application before the individual's name is entered on the approved list. This process is completed for anyone who will volunteer in the facility. A review of relevant documentation demonstrated compliance. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(e). The agency provided GO – 3.1.3-01 EMPLOYMENT STATUS. The General Order states that the agency will perform background checks for all employees and contractors upon hire and annually for employees. This requisite exceeds the five-year requirement called for the standard.

During the onsite phase of the audit, the auditor interviewed staff equivalent to a human resources representative and the PREA Coordinator, who confirmed it is part of their standard procedure.

For volunteers and contractors, the agency requires that background checks be performed annually for all volunteers and contractors to remain active on the approved list. Records indicated background checks are being conducted. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). The agency provided written documentation that supported that applicants and employees are asked about misconduct described in paragraph (a) in written applications or interviews for hiring or promotions and any interviews or written self-evaluations as part of reviews of current employees.

GO - 1.5.00 STANDARDS OF CONDUCT also imposes a continuing affirmative duty to disclose any such misconduct upon employees.

During the auditor's interview with the Department's equivalent to a human resources representative and the PREA Coordinator, it was confirmed the agency follows this policy. It was further explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the interview process. It was also confirmed that all employees must report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(g). The agency's employment application was reviewed. The application clearly provides the applicant with the statement that, "I understand that the McHenry County Sheriff's Department has the

right to refuse to hire or immediately discharge me, at any time if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.”

During the interview with the staff equivalent to a human resources representative, the auditor confirmed that the agency would terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(h). The agency’s employment application provides a statement to the applicant regarding disclosing employment information to potential new employers. The statement requires a signature release and includes verbiage concerning “disclosure of information to any third party, future employer or prospective future employer”.

During the auditor’s interview with the staff equivalent to a human resources representative, it was confirmed that the agency would provide potential new employers with information regarding a past employee’s sexual abuse and sexual harassment allegations or investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 1. None
2. Interviews:
 1. Agency head
 2. PREA coordinator

Findings (by provision):

115.18(a). The McHenry County Sheriff's Office Adult Correctional Facility has not acquired a new facility or substantially expanded existing facilities since 20 August 2012 or the last PREA audit. Based on the auditor's review of the agency website and the facility characteristics provided, it is clear there have been no design changes of the current facility or acquisitions of new facilities by the agency since August 20, 2012.

During interviews with the agency head and the PREA coordinator, the auditor confirmed that there had been no design changes in the facility and no new acquisitions. Interviews with a facility Lieutenant indicate that the facility takes a team approach (documented collaborative meetings) to consider how the design, addition, expansion, or modification would affect the agency's ability to protect inmates from sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.18(b). During an interview with the PREA coordinator and reviewing submitted documentation, the auditor learned that the McHenry County Sheriff's Office Adult Correctional Facility updated its camera system in 2017. The upgrade included new computers, software, a control board, digital cameras, and monitors. There were 40 digital cameras added to the general population areas to enhance security and considered the agency's ability to protect inmates from sexual abuse. In 2021 a Body Scanner was added in the Booking area for incoming inmates to protect against contraband reaching the inner facility. The PREA coordinator indicated that she would be part of any future monitoring technology updates or video monitoring updates and review how it would affect the agency's ability to protect inmates from sexual abuse. A Sergeant indicated that video analytics are utilized for monitoring purposes. Based on this analysis, the auditor finds the facility in compliance with this provision.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ 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

115.21 (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

115.21 (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

115.21 (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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. GO 4.1.04 CRIME SCENE PROCESSING AND EVIDENCE COLLECTION
 2. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM

3. Memorandum of Understanding – SART Response Team PROTOCOLS
 4. The Department of Justice's National Protocol for Sexual Assault Medical Forensic Examination (2nd Edition) (04/2017)
 5. Comprehensive Supporting Documentation, Emails, Written Statements of Fact
 6. Investigations files
2. Interviews:
 1. Specialized staff
 3. Site Review Observations:
 1. Medical services

Findings (by provision):

115.21(a). The agency provided documents for review under this standard. The GO 4.1.04 CRIME SCENE PROCESSING AND EVIDENCE COLLECTION, GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, the Memorandum of Understanding – SART Response Team PROTOCOLS, an MOU, the facility's adopted Department of Justice's National Protocol for Sexual Assault Medical Forensic Examination (2nd Edition) (04/2017), in addition to comprehensive supporting documentation, Emails, and written statements of fact.

The MCSO Criminal Investigation Division is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The Corrections Intel Unit is responsible for internal administrative investigations.

The GO 4.1.04 CRIME SCENE PROCESSING AND EVIDENCE COLLECTION policy requires a uniform evidence collection protocol. This protocol adopts the ACA and the National Protocol for Sexual Assault Medical Forensic Examination standards.

The Memorandum of Understanding (MOU) from the SART Response Team regarding protocols further outlines the agreements for both parties to investigate sexual abuse of an inmate in the Detention Facility and includes evidence collection and preservation statements.

During the onsite phase of the audit, the auditor interviewed an investigator from the investigative team. He stated that investigators would collect and process evidence under the same protocols utilized at all crime scenes. These protocols are used for all evidence collection related to any criminal and administrative investigation in the County. They are consistent with the National Protocol for Sexual Assault Medical Forensic Examinations. The investigations are coordinated with representatives from Northwestern. They will provide a sexual assault nurse examiner (SANE) and a victim advocate, who will be present to perform the sexual assault examination and provide emotional support to the victim. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(b). No youthful offenders are held at this facility. During the onsite phase of the audit, the auditor interviewed an investigator from the corrections division. All investigations of sexual abuse in the facility are performed just as they are performed in the community by Detectives. He stated that Detectives would collect and process evidence under the same protocols utilized at all crime scenes. These protocols are used for all evidence collection related to any criminal and administrative investigation in the County. They are consistent with the National Protocol for Sexual Assault Medical Forensic Examinations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(c). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states clearly that all victims of sexual abuse

will be offered access to forensic medical examinations. The policy also states that such examinations will be provided without financial cost to the victim.

During the onsite phase of the audit, the auditor interviewed the PREA Coordinator. The Coordinator confirmed that all forensic examinations for sexual abuse victims in McHenry County are performed at Northwestern (Preferred), (Centegra) McHenry, Woodstock, or Huntley as a rape crisis center, with onsite involvement by the CARE center. Under their agreement in the MOU, the SANE nurse and a victim advocate will respond to one of the listed facilities, and the forensic examination will be performed there. Should a SANE professional not be available, a qualified medical practitioner would conduct the exam. The auditor interviewed the program director at Northwestern during the pre-audit phase of the audit. She confirmed the MOU agreement that was initially signed in 2017. Northwestern has agreed to respond to the Detention Facility to provide a victim advocate for any other victim in the community. These services are provided in coordination with the Sheriff's Office. The PREA coordinator confirmed that forensic examinations would be performed offsite at a medical facility. She also confirmed that there would be no cost to the inmate victim if the examination were performed.

The auditor reviewed investigations files, and there were no assault allegations with a forensic examination performed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(d). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM and a Memorandum of Understanding – SART Response Team PROTOCOLS. Documentation supports that the facility will contact the McHenry County Crisis Center and request a victim advocate if necessary. McHenry County Crisis program or Centegra's Sexual Assault Response Program will provide victim advocate services for inmates.

The MOU confirms that Crisis, Northwestern, or Centegra will provide a victim advocate, along with the SANE, if a response is necessary.

During the onsite phase of the audit, the auditor interviewed the PREA Coordinator. The Coordinator confirmed that the preferred site for all forensic examinations for sexual abuse victims in McHenry County is Northwestern, the County's certified rape crisis center. There is always a SANE nurse on call, and a victim advocate responds with the SANE nurse as part of their standard protocol. Under their agreement in the MOU, the SANE nurse and a victim advocate will respond to the Hospital where the forensic examination would be performed. The auditor interviewed the program director at Northwestern during the pre-audit phase of the audit. She confirmed the MOU agreement was initially signed in 2017 and has continued since. Northwestern has agreed to respond to the Detention Facility to provide a victim advocate as they would for any other victim in the community. These services are provided in coordination with the Sheriff's Office.

The auditor reviewed investigations files, and there were no PREA incidents where a victim advocate was contacted. In one instance, an inmate was referred to in-house mental health for a reported sexual assault at some time in the past at another facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM and a Memorandum of Understanding – SART Response Team PROTOCOLS. (Northwestern) This documentation supports that the facility will attempt to make a crisis counselor, medical and legal advocacy available to the victim at the hospital, facility, and courthouse. This service also provides for victim rights and referrals within the community for follow-up.

During the onsite phase of the audit, the auditor interviewed the PREA Coordinator, who confirmed that Northwestern would provide a victim advocate. The PREA coordinator confirmed that the victim advocate would be available throughout their incarceration for emotional support. The program director at Northwestern also confirmed that their victim advocate would be available to victims as needed and upon request. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(f). Since the agency performs sexual abuse investigations, this provision does not apply to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(g). Excluded.

115.21(h). The agency does not utilize its staff members to provide victim advocate services. This is provided through the agreement with Northwestern. Staff at Northwestern provides SANE and advocacy services that are qualified medical providers. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (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 criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.22(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy details administrative and criminal investigations and requires an investigation.

During the onsite phase of the audit, the auditor reviewed the facility's incident reports and grievances from the previous twelve months. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not appropriately investigated. The auditor reviewed the sexual abuse and sexual harassment allegations simultaneously. There were 14 of 14 allegations that were appropriately investigated. The auditor interviewed an investigator, the PREA coordinator, and the agency head. They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(b). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy outlines the agency's requirement to perform a criminal or administrative investigation.

During the onsite phase of the audit, the auditor reviewed the facility's incident reports and grievances from the previous twelve months. The auditor could not find any reports or grievances related to sexual

abuse or sexual harassment that were not appropriately investigated. The auditor reviewed the sexual abuse and sexual harassment allegations simultaneously. There were 14 of 14 allegations that were appropriately investigated. The auditor interviewed an investigator, the PREA coordinator, and the agency head. They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment.

The auditor reviewed the McHenry County Sheriff's Office web page, and under the page heading for Corrections, there is a tab for PREA. This page lists the agency's zero-tolerance information and provides the public an opportunity to file an allegation of sexual abuse or sexual harassment if needed. The web page details the agency's investigation practices and processes and contains educational videos in English and Spanish for the public. All of the agency's policies are available on the website, including the PREA policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(c). All investigations are performed by the agency and not an outside agency. Based on this analysis, the auditor finds the facility in compliance with this provision.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☐ Yes ☒ No

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Training curriculum
 - c. Training logs/records
 - d. Other Supporting Documentation (Statements of Fact)
2. Interviews:
 - a. PREA coordinator
 - b. Random staff

Findings (by provision):

115.31(a). The facility provided a copy of their 4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. Since PREA was implemented, the staff has been trained in PREA and certified by the State of IL and are trained in PREA before assuming duties in the facility. This supplied policy states that all staff members receive continuing annual documented training and includes information related to sexual abuse/assault awareness, prevention, response, and reporting procedures under PREA, as well as the ten points required under this standard. The training curriculum provided was produced by the PREA coordinator and delivered by the agency's Corrections training department, and continuing updates and training bulletins are delivered online to staff. Training logs provided were from the last three years. Records show the completion date of the annual sexual abuse and sexual harassment training and continued online training.

During the onsite phase of the audit, the auditor interviewed 15 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education before beginning work in the secure facility, or longer-term employees had received training when PREA first started getting implemented. Each person interviewed confirmed training included the ten points required under this standard and was conversant on the topic. The auditor was advised that staff receive annual refresher training, take additional training online, sign off to show completion or attendance, and digitally acknowledge receipt and understanding of new updates, policies, and bulletins. The auditor reviewed training records provided by the PREA Coordinator. The auditor was able to view training completion records for ten randomly selected staff member files. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(b). The Detention Facility houses both male and female inmates. Therefore, staff training is consistent, and there is no need to provide additional training related to a specific gender. Also, the agency has only one facility, and there is no requirement to prepare training for other facilities with different inmate populations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(c). All employees have received the PREA training as required by the standard. Refresher training is annual, with additional online updates and training bulletins. Training in a classroom setting or online is documented in employee training records.

During the onsite phase of the audit, the auditor interviewed 15 random staff members and spoke informally with several staff members. Each person interviewed (Hired after the implementation of PREA)

indicated that they received PREA education before working in the secure facility. Each person interviewed confirmed training included the ten points required under this standard. The auditor was advised that staff receive annual refresher training, take additional training online, sign off to show completion or attendance, and digitally acknowledge receipt and understanding of new updates, policies, and bulletins. The auditor reviewed training records provided by the PREA Coordinator. The auditor was able to view training completion records for ten randomly selected staff member files. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(d). All annual classroom training and online classes require staff to acknowledge, in writing or electronically, that they understand and will comply with the training concerning PREA. The auditor was provided training records during the pre-onsite phase of the audit that supports that assertion. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. Training logs/records
 - b. Orientation Materials
 - c. Other Supporting Documentation (Statements of Fact)
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.32(a). The facility provided training documentation for the volunteers and contractors. All volunteers and contractors must receive documented orientation and training before being permitted into the facility. This training includes information about sexual abuse/assault awareness, prevention, response, and reporting procedures under PREA. A review of training records shows that in the past twelve months, no volunteers (COVID restrictions) and two individual contractors were trained.

During the onsite phase of the audit, the auditor interviewed contractors, but no volunteers were available due to the ongoing pandemic. The interviewed contractors confirmed completion of the orientation program before being granted access to the secure facility. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse, and rules to avoid physical contact with an inmate. They also confirmed a requirement to complete a refresher training annually through the facility and their employer's training program. (Aramark) Because the auditor could not interview and meet volunteers directly, the auditor spent extra time discussing the background check and training process with the PREA Coordinator and the Administration team. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(b). The auditor reviewed the training materials and handbooks provided to volunteers and contractors. The curriculum includes each of the required points listed in the standard.

During the onsite phase of the audit, the auditor interviewed contractors, but no volunteers were available due to the ongoing pandemic. The interviewed contractors confirmed completion of the orientation program before being granted access to the secure facility. They confirmed the orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse, and rules to avoid physical contact with an inmate. The auditor reviewed training records for these individuals and other random records. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(c). The auditor was provided training logs by the agency. The training process for contractors and volunteers requires written proof (handwritten or digital) that the volunteer or contractor had completed the necessary orientation material, including the PREA education, and understood the training they received.

During the onsite phase of the audit, the auditor interviewed contractors, but no volunteers were available due to the ongoing pandemic. Contractors confirmed completion of the orientation program before being granted access to the secure facility. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse, and rules to avoid physical contact with an inmate. The auditor reviewed training records for volunteers and contractors and confirmed the training was completed. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. McHenry County Sheriff's Office *Inmate Handbook*
 - c. Various Postings and Sexual Assault Prevention and Reporting Brochures
 - d. PREA Video
 - e. Statements of Fact
2. Interviews:
 - a. Specialized staff
 - b. Random staff
 - c. Random inmates
3. Site Review Observations:
 - a. Housing units

Findings (by provision):

115.33(a). The facility provided a written record to confirm that all inmates receive basic PREA information when they arrive at the facility. Upon entering the facility, all inmates are issued a handbook and have access to signage throughout the facility informing them of PREA and their rights under PREA.

There are posted signs regarding PREA and Sexual Assault/Awareness throughout the facility. There are multiple postings in each housing unit and six individual postings in the intake area concerning sexual safety.

GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM requires that each inmate receives this initial education regarding PREA and the agency's zero-tolerance policy.

During the onsite phase of the audit, the auditor saw copies of the inmate handbook available for distribution to the inmates in the booking area. The handbook contains the agency's zero-tolerance policy and information on reporting sexual abuse and sexual harassment incidents. There were signs hung in the intake/booking area, in English and Spanish, which provide inmates with the basic PREA information. The signs are hung where all inmates can see them during the intake process. While speaking with staff members in intake, staff explained that they provided the inmate with the handbook after completing the risk screening and fingerprinting of the inmate. The auditor interviewed one staff member who works in intake, and she confirmed that all inmates receive a handbook as part of the intake process. A PREA educational video is played daily in each housing unit in English and Spanish.

The auditor interviewed 22 random inmates during the onsite phase of the audit. 21 of 22 inmates confirmed that they received and understood the PREA information and how to ask for help or to file a report. The one inmate who reported that he did not receive this information was hostile with the auditor and answered all interview questions in a manner that was inconsistent with other interviewed inmates.

Several inmates stated they had been admitted so long ago that they didn't recall what was told to them upon intake but could tell the auditor about how they were updated on PREA, the zero-tolerance policy, and how to report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(b). The facility provided documentation to show that during the past twelve months, all 1,022 detainees/inmates housed in the Corrections Division for 30 days or more received comprehensive training. This training takes place upon intake and in the video. The auditor watched the video in its entirety.

Through discussions with the PREA coordinator, the auditor learned that orientation is provided to inmates upon intake. During additional orientation, the facility shows an internally produced PREA education video. This video offers the mandated education for inmates. The video content was consistent with the requisites of this standard. The auditor was shown logs as proof that all inmates currently in custody had viewed the video.

The auditor interviewed 22 random inmates during the onsite phase of the audit. Each of the inmates but one confirmed that they had viewed the video and were aware of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would adequately respond to incidents of such abuse. Many of the inmates also stated they could read the PREA information on the kiosk at any time. The auditor also interviewed staff, who confirmed that the PREA video is shown daily. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(c). The facility provides all inmates with education regarding PREA at intake and during orientation. The PREA coordinator stated that all inmates receive initial education upon intake and view the comprehensive PREA video daily. All inmates receive training within thirty (30) days of intake, if not upon intake. The Corrections Division shows a PREA Inmate Education Video daily in all housing sections. The agency does not have any additional facilities, so further PREA education is not required upon transfer.

The auditor interviewed 22 random inmates, and all but one recalcitrant inmate stated they had received the required education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(d). GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM addresses education in formats accessible to all inmates, including those listed in this standard. The facility provided the auditor documentation supporting an inmate video is played daily to all those incarcerated in English and Spanish. If it is ever needed, a sign language version is available. The video has closed captioning in English and Spanish.

During the onsite phase of the audit, the auditor could see posters in each housing unit and several other locations provided in English and Spanish. The signs inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse, and that the agency would properly respond to incidents of such abuse. Also, the inmates receive the McHenry County Sheriff's Office *Inmate Handbook*, available in Spanish for those that require it. The auditor was provided and tested the language line during the onsite audit. The facility provided documentation supporting that the facility has access to American Sign Language interpreters if needed. When asked, the PREA coordinator stated that a blind inmate could hear a video of the required PREA education. The auditor interviewed several inmates who spoke Spanish, and each confirmed that the facility provides education in Spanish. The auditor interviewed one hard-of-hearing inmate, and he reported that he did not require any assistance. This inmate was able to explain basic PREA information to the auditor. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(e). The facility provided documentation demonstrating that officers document on the Daily Activity Log when the PREA Educational Video is shown in the housing sections. Inmates sign a form that indicates that they have received a handbook. Each handbook contains the PREA guidelines and educational information. During classification, Inmates signs an acknowledgment of receipt and understanding, and ICE detainees sign an additional document concerning the receipt of a Detainee handbook containing detailed sexual safety information. This documentation is sufficient to support that inmates receive the required PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). During the site review, the auditor could see many forms of PREA education readily available to the inmates. In all housing units, there are signs posted in English and Spanish. These signs remind inmates that sexual abuse is not tolerated and provide the hotline number and the information for available counseling services. The inmates all have access to the kiosk to access information about PREA and have access to a grievance process if needed. The inmates are provided the McHenry County Sheriff's Office *Inmate Handbook*, which includes information about PREA. There is a video played in the housing units daily. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (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 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)

- a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Training Itineraries, Course Outlines
 - c. Statements of Fact
 - d. Training records
2. Interviews:
- a. Specialized staff

Findings (by provision):

115.34(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy includes a provision for all staff that is responsible for conducting sexual abuse/assault or sexual harassment investigations to receive specialized training in conducting such investigations, which includes techniques for interviewing sexual abuse victims, sexual abuse evidence collection, and the criteria and evidence required for administrative action or prosecutorial referral. Investigators from the MCSO Criminal Investigations Division investigate sexual abuse in the Corrections Division. The auditor received submissions of training records and course outline that investigators attended. The class, entitled *PREA: Investigating Sexual Abuse in a Confinement Setting*, was provided by the National Institute of Corrections. (NIC) This training curriculum is known to the auditor and includes modules related to the four points required under this provision of the standard.

The auditor interviewed an investigator during the onsite phase of the audit. The investigator confirmed that he had taken the course provided by the facility and had completed the course. The auditor reviewed training records and verified that multiple employees of various ranks had completed the NIC course, some more than once, over several years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34(b). The facility provided several copies of training records and certificates from criminal investigations division detectives. The class, entitled *PREA: Investigating Sexual Abuse in a Confinement Setting*, was provided by the National Institute of Corrections. (NIC) This training curriculum is known to the auditor and includes modules related to the four points required under this provision of the standard.

The auditor interviewed an investigator during the onsite phase of the audit. The investigator confirmed that he had taken the course provided by the NIC and had successfully received his certificate. The auditor reviewed training records and verified that multiple employees of various ranks had completed the NIC course. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34(c). The PREA coordinator maintains a file with written proof that multiple employees of various ranks in the agency that perform or supervise those that conduct investigations have completed the online class. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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

115.35 (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

115.35 (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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ 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 §115.32? ☒ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.1.4-01 TRAINING & STAFF DEVELOPMENT
 - b. Contract Provider Policy (WellPath) HCD-100_F-06 Response to Sexual Abuse
 - c. Training logs
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.35(a). The facility provided Contract Provider Policy (WellPath) HCD-100_F-06 Response to Sexual Abuse. The policy requires that all medical and mental health staff receive training on PREA that includes the four points noted in this provision of the standard. WellPath training is adjunct to initial, and ongoing training mandated and provided by the facility. The facility provided GO – 3.1.4-01 TRAINING & STAFF DEVELOPMENT. The policy requires that all medical and mental health staff receive training on PREA that includes the four points noted in this provision of the standard.

During the onsite phase of the audit, the auditor spoke with the medical director. WellPath provides initial orientation education to all new staff members, including basic PREA information and specialized PREA education. The auditor also interviewed three staff members in the medical unit, one informally during the site visit and two during specialized interviews. Each medical staff member confirmed that they had received PREA education and the specialized medical training directly from WellPath. The facility provides an orientation program that includes the points noted in the standard provision and continued annual refresher updates and online bulletins. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(b). Medical staff at the facility do not perform forensic examinations. Any inmate who would require the forensic examination due to a sexual assault will be seen by a team from Northwestern per policy. Therefore, the facility medical staff do not receive training related to these exams. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(c). The agency and WellPath maintain records that all staff members received required PREA education before working in the secure facility and having inmate contact. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(d). The medical and mental health care staff are all employed by WellPath. During the contractor orientation program, all contractors receive the required PREA education in standard 115.31.

Through interviews with medical staff members and the medical director, the auditor learned that all staff in the medical unit receive the PREA training through their employer WellPath, with additional orientation and updates provided by the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates 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 inmates 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 inmates 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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (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 inmate's detriment by staff or other inmates? ☒ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. McHenry County Policy Manual
 - c. Receiving Screening Forms
 - d. Classification Screening Checklist
 - e. Medical Screening records
2. Interviews:
 - a. Specialized staff
 - b. Random inmates
3. Site Review Observations:
 - a. Intake/Booking
 - b. Classification

Findings (by provision):

115.41(a). The facility supplied a copy of GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy states that all inmates will be screened during the intake process for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The auditor reviewed the intake PREA Screening questions Classification screening process and questions. These processes are utilized to perform risk screening. The auditor reviewed the completed screening process of random inmates.

During the onsite phase of the audit, the auditor met with staff in intake and reviewed the initial screening of inmates. In intake, the intake officer performs the initial steps of the screening. The auditor also reviewed the questions and screening processes that the nurses and classification perform during the next steps in the screening process. The intake staff, nurse, and classification staff confirmed that this screening is completed for all new inmates when they enter the facility. The auditor interviewed 15 random inmates, and all but one inmate could recall being asked specific questions during the intake process. There is one building at this facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(b). The facility supplied a copy of GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states, “All detainees/inmates shall be screened as part of the booking process, but not to exceed twenty-four (24) hours, for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse/assault or sexual harassment. There were 2,319 inmates admitted to the facility with a length of stay of 72 hours or more during the previous twelve months before the audit. The classification screening was completed for all inmates listed.

The auditor reviewed ten inmate files, including the screening form, during the onsite phase of the audit. Each of the documents reviewed was completed on the first and second day of the inmate’s arrival in the facility. During interviews with intake, classification, and health staff, it was confirmed that the screening of all inmates is done beginning with the inmate’s arrival and is completed in the first two days. Also, the auditor interviewed 15 random inmates, and all but one inmate related that they went through this process on the first or second day after arrival in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(c). The facility provided a copy of the Wellpath screening tool to the auditor. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions, and the scoring system is standard for everyone screened. Because the screening tool does not allow for subjective responses, the tool is objective. The potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(d). The facility provided a copy of the screening tool to the auditor. The screening tool lists each of the criteria listed in standard 115.41(d). Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate’s potential for vulnerability.

During the onsite phase of the audit, the auditor spoke with staff from classification. They explained that they talked directly with the inmates to complete the screening tool and asked all the questions on the instrument. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(e). The screening tool provided to the auditor includes a section for the screener to note prior acts of sexual abuse, prior convictions for violent offenses, and history of previous institutional violence or sexual abuse. These items are included to enable the screener to review those responses during the evaluation process. The screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate’s potential for vulnerability. The tool asks the inmate for their feeling of safety while incarcerated. The objective screening tool includes all the required items listed in the standard.

The auditor interviewed classification staff during the onsite phase of the audit. Staff confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. It was explained to the auditor that the screening process begins with the intake officer, then the nurse in intake. The classification staff completes the screening in person with each inmate. The auditor was told that this is necessary to verify that inmates with the potential to be a predator will not be housed with inmates with the potential to be victims. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM was provided. The policy states, "Each detainee/inmate's risk of victimization or abusiveness shall be evaluated by the Medical staff as part of their fourteen (14) day physical or upon any additional, relevant information received since the intake screening. However, this assessment shall not exceed thirty (30) days after arrival at the facility." The screening tool provided to the auditor includes a section for staff to complete during that reassessment.

During the onsite phase of the audit, the auditor met with staff from classification, who confirmed that inmates are reassessed within 30 days. The auditor was shown completed screening forms for inmates in custody, and the auditor was able to confirm completion of the reassessment within the time allotted. The facility also submitted completed forms from other inmates. Staff confirmed that the reassessment is typically completed in conjunction with the medical staff during the inmate's intake history and physical and within 14 days. Completing the reassessment during this medical assessment helps ensure that the reassessment is completed on time for all inmates. During interviews with 22 random inmates, the auditor asked if they were asked additional follow-up questions by medical and classification staff and all but one confirmed this reassessment. The facility indicates that two inmates in the last twelve months were reassessed for sexual victimization or abusiveness based upon additional relevant information that was received. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(g). GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM was provided. The policy includes a requirement that inmates are reassessed when warranted. The policy states, "A detainee/inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee/inmate's risk of sexual victimization or abusiveness."

During interviews with classification staff, staff stated that they would reassess an inmate based on information from other staff, inmates, or incident reports. During interviews with 22 random inmates, the inmates did recall being asked follow-up questions by medical and classification staff. The auditor reviewed twenty investigative files during the onsite phase of the audit. Each file showed an assessment by classification of the inmates involved in the investigation. The auditor was not able to view additional documentation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM was provided. The policy states clearly that inmates shall not be disciplined for refusing to answer (or for not disclosing complete information related to) all of the provisions of this standard.

During classification staff interviews, they stated that no inmate would be disciplined if they did not answer the questions. Although the responses were meaningful for staff to safely house inmates, classification could still safely house an inmate without the responses, but with additional monitoring for inmate safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(i). GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM was provided. The policy includes a provision that requires the PREA

coordinator to review facility practices to ensure required levels of confidentiality are maintained. This review and discussion occurs in documented meetings. The information is only to be utilized for classification and housing assignments. Training requires that staff safeguard the information to avoid using the information to the detriment of the inmate. No inmate would ever have access to information concerning another inmate at this facility. The McHenry County policy manual contains a confidentiality clause that applies to PREA. (Section 3.2)

During the onsite phase of the audit, the auditor spoke with the PREA coordinator, PREA compliance manager, and classification staff. All confirmed that the information in the screening tool was only available for review by health, classification, the PREA coordinator, and the compliance manager. Staff advised the auditor that red PREA folders were indicative of confidential files and investigations, and they did not have access to those print files or electronic records. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would

ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

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

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.2-01 DETAINEE/INMATE CLASSIFICATION SYSTEM
 - b. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - c. GO – 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES
 - d. Intake PREA Screening documentation
 - e. Classification PREA Screening documentation
 - f. Screening records
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.42(a). The facility provided GO – 3.4.2-01 DETAINEE/INMATE CLASSIFICATION SYSTEM and GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.

The GO – 3.4.5-03 states, “Any detainee/inmate found to have potential vulnerabilities or tendencies for sexually aggressive behavior shall be housed by the Classification Office to limit the risk.” The policy also states, (inmates being) “housed to prevent sexual abuse/assault or sexual harassment”. Classification plays an essential and integral part in inmate housing and program eligibility at this facility. All aspects of the risk screening and classification instrument are utilized in making these determinations.

The facility provided copies of completed inmate screening forms. During the onsite phase of the audit, the auditor interviewed staff from classification. They confirmed that housing assignments, classification, and access to programs are all impacted by the information derived from the risk screening. The auditor reviewed completed screening assessments and could see the final determination for housing was obtained through this document. Therefore, the outcome of the inmate screening is utilized to house, classify and schedule inmate programs safely. The PREA coordinator also confirmed that inmate screening is used for housing, classification, and programming decisions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(b). The facility provided GO – 3.4.2-01 DETAINEE/INMATE CLASSIFICATION SYSTEM. This policy makes it clear that all assignments for inmate housing and classification are made on an individual basis and are in the best interests of the safety of each inmate.

The auditor interviewed staff from classification during the onsite phase of the audit. Classification staff relayed to the auditor that they review each inmate individually to determine the best housing and classification assignments to provide the safest housing possible. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(c). The facility provided GO – 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES. This policy states that within 72 hours of the arrival of a transgender or gender variant inmate, a classification committee will meet to determine classification and housing assignments. This policy lists the health and safety of the inmate as a priority and mentioned housing in the least restrictive means available.

During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who confirmed that inmates are reviewed on a case-by-case basis, which is consistent with the policy. The classification staff was also interviewed. They confirmed that they would consider transgender inmates' perceptions regarding their safety during the risk screening process and where they would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor reviewed a risk screening for a transgender inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(d). The facility provided GO – 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES. This policy states, "Classification Committee at the weekly Classification Committee Meeting shall review the status of all transgender/gender-variant detainees/inmates housed in the facility."

The auditor interviewed classification staff and the PREA coordinator during the onsite phase of the audit. Staff confirmed that this review would be performed weekly for the safety of any transgender person or intersex inmate. The auditor confirmed that this was the topic of discussion. One inmate fit this category that verified that conversations regarding housing take place with them regularly. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). The facility provided GO – 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES. The policy requires that classification staff interview the inmate to ask their opinion regarding their vulnerability.

During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who confirmed that inmates are reviewed on a case-by-case basis, which is consistent with the policy. The classification staff was also interviewed. They confirmed that they would consider transgender inmates' perceptions regarding their safety during the risk screening process and where they would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed a transgender inmate, who stated questions were asked about safety and their views. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). The facility provided GO – 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES. The policy includes language regarding transgender and intersex inmates. This facility has only showers with individual stalls with doors and partitions, so the opportunity to shower alone is not problematic.

One transgender inmate in custody at the time of the onsite audit confirmed they could shower separately. The PREA coordinator was asked about showers. She confirmed that transgender or intersex inmates would be provided a shower separate from the other inmates, as this is the only option available. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(g). The facility provided GO – 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES. This policy states that questions relating to a detainee/inmate's gender identity or gender expression are only asked to protect the detainee/inmate's confidentiality and human dignity and avoid subjecting the detainee/inmate to abuse, humiliation, ridicule, or assaults.

The auditor confirmed during the onsite that there are no dedicated units, wings, or other housing locations specifically assigned to inmates in the LGBT community. One transgender inmate was interviewed at the time of the onsite audit. The inmate described housing options and personal housing history, which did not place the inmate into an area specifically assigned to inmates in the LGBT community.

Also, during interviews with the PREA coordinator, it was confirmed that the facility does not have such a housing unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.3.4-04 PROTECTIVE CUSTODY OPERATIONS
 - b. GO – 3.3.4-02 ADMINISTRATIVE SEGREGATION

- c. Screening records
- d. Statement of Fact
- 2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates
- 3. Site Review Observations:
 - a. Segregated housing units

Findings (by provision):

115.43(a). The facility provided GO – 3.3.4-04 PROTECTIVE CUSTODY OPERATIONS. The policy clearly states that inmates at high risk of victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers.

The facility reported zero (0) inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to twenty-four hours, awaiting completion of an assessment.

During the onsite phase of the audit, the auditor could not identify any inmates housed in segregation due to their high risk for sexual victimization. The auditor interviewed the agency head and classification manager. Both confirmed that the facility would not place inmates in involuntary segregation to keep the inmates safe in custody. The auditor was told that inmates might request protective custody to remain safe, and if this is approved, the placement is appropriately documented. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(b). The facility provided GO – 3.3.4-04 PROTECTIVE CUSTODY OPERATIONS. The policy states that under the conditions listed in the standard, programs and services approximating those available in the general population should be provided to an inmate and any limitations require supporting documentation.

During the onsite phase of the audit, the auditor interviewed staff members that work in the segregated housing units. It was confirmed that the facility provides segregated inmates full access to programs and services, just as any other inmate. The auditor spoke with inmates housed in segregation and learned that inmates could receive mail, have visitation, go to programs, and receive commissary. There were no inmates currently in custody placed in involuntary segregation based on their high risk for sexual victimization. The auditor could not confirm their access to services and programs. During the site review, the auditor walked through segregated housing units and verified inmate access to telephones and mailboxes. The PREA coordinator confirmed that use of segregation is limited and used as a last resort. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(c). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy details that if a detainee/inmate is at high risk for sexual victimization, they may be placed in Administrative Segregation involuntarily for up to twenty-four hours to assess and determine housing assignment. This is well under the standard's requisite of thirty days.

During the onsite phase of the audit, the auditor interviewed classification staff, the PREA coordinator, and the agency head. All confirmed that inmates in segregation were reviewed weekly to determine if they would remain in segregated housing or if other alternatives were available. During informal interviews of all inmates housed in segregated housing, none were there involuntarily. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(d). The requirement to document involuntary segregation is apparent in the facility policies. The auditor was not presented documentation to confirm this process because the facility is unaware of a time in the last twelve months when they have had to place an inmate into segregation involuntarily. The PREA coordinator confirmed that documentation of the basis of the safety concern and the lack of alternative housing would be completed if involuntary housing were ever utilized. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(e). The facility provided GO – 3.3.4-02 ADMINISTRATIVE SEGREGATION. The policy clearly states that reviews for all inmates held in segregation are to be reviewed every 7 days for the first 2 months and at least every thirty days thereafter to determine a continuing need for segregation from the general population. There were zero (0) cases of involuntary segregated housing assignments during the past twelve months that required a thirty-day review.

At the onsite, no inmates were held in involuntary segregation due to the high risk of sexual victimization. Therefore, the auditor was unable to interview inmates to confirm the process. This was confirmed by reviewing the list of inmates currently housed in segregation. The auditor was advised of weekly meetings and shown documentation to check the status of inmates held in segregation. Based on this analysis, the auditor finds the facility in compliance with this provision.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. PREA hotline reports
 - c. Memorandum of Understanding –SART Response Team PROTOCOLS
 - d. McHenry County Sheriff's Office - *Inmate Handbook*
 - e. Posters / Postings
 - f. Interoffice Correspondence
2. Interviews:
 - a. Random staff
 - b. PREA coordinator
 - c. Random inmates
3. Site Review Observations:

a. Housing units

Findings (by provision):

115.51(a). The auditor was provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy clearly defines the multiple ways that inmates can file reports of sexual abuse, sexual harassment, retaliation for making such reports, and reports of staff neglect or lack of responsibility.

The policy mentions that inmates can report abuse by calling multiple phone numbers (Crisis, Internal (PREA Compliance Manager), ICE Detention Reporting Information Line, Department of Homeland Security Office of Inspector General, Consulate Offices, or the ICE Field Office. Inmates can also report verbally with a staff member or Supervisor, in writing, on the inmate kiosk via a request or grievance or through a third party outside the facility.

During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing inmates of the multiple reporting ways were posted, in two languages, in each housing unit. The auditor interviewed 15 random inmates, and all but one inmate could quickly tell the auditor several ways to report abuse, harassment, and concerns regarding staff neglect or lack of responsibility. Most inmates mentioned telling an officer or using the phone to call the PREA report line as their first avenue to report abuse. That option is on posters located throughout the facility. The auditor interviewed 15 random staff members. All staff could list at least four ways inmates could report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(b). The facility provided a copy of a poster that contained information for inmates to call or write to McHenry Adult Crisis. The auditor observed this poster in all housing units in English and Spanish. In an interview with the PREA Coordinator, it was relayed that if Crisis receives a hotline call or letter alleging sexual abuse or sexual harassment, they log the call or letter, document the information received, then contact the PREA coordinator to provide the information. The posted signs also give the inmates a second hotline number, an internal PREA reporting line. For inmates detained solely for civil immigration purposes, posters in each housing unit provide numbers for ICE Detention Reporting Information Line, Department of Homeland Security Office of Inspector General, Consulate Offices, or the ICE Field Office.

The auditor confirmed that both outside hotline sources were adequately advertised, known to the inmates, was tested to function as intended, and are appropriately reported back to the corrections facility. Based on this analysis, the auditor finds the facility in compliance with this standard.

115.51(c). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy details various reporting methods to include verbal and written reports. The McHenry County Sheriff's Office - Inmate Handbook indicated that anonymous reporting is accepted.

During the onsite phase of the audit, the auditor interviewed 15 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. Each of the 22 random inmates interviewed was aware that they could report sexual abuse directly to any staff member. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(d). The auditor was provided an interoffice Memo dated 25 Aug 2014. The memo directed staff to report incidents involving the sexual abuse or harassment of inmates privately. The memo offers a phone number, internal extension, and an explanation of who fields the telephone call in the Criminal

Investigations Division. This memo was added to the facility's electronic training database, shown to all department staff, and is part of recurring annual training.

The auditor interviewed fifteen random staff members. All fifteen officers described various ways to privately report sexual abuse and sexual harassment incidents. Each officer said they would go directly to their immediate supervisor or the PREA Coordinator. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date

by which a decision will be made? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

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

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. GO – 3.3.5-01 DETAINEE/INMATE GRIEVANCE PROCEDURES
 - c. Screening records
 - d. McHenry County Sheriff's Office Corrections Division Inmate Handbook
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.52(a). The agency is not exempt from this standard, as it has an administrative grievance procedure for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(b). The auditor was provided with GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM and GO – 3.3.5-01 DETAINEE/INMATE GRIEVANCE PROCEDURES. These policies allow inmates to file grievances regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

Also, there is no requirement for inmates to use other informal grievance processes before filing the grievance regarding sexual abuse. The facility provides inmates with the policy regarding grievances in the *Inmate Handbook*, and such grievances may be filed in a sealed envelope to maintain confidentiality.

During the onsite phase of the audit, the auditor spoke with several staff members during the site review. Staff was aware that inmates could file a grievance to make an allegation of sexual abuse. The grievances were easily accessible to all inmates through the inmate kiosk in each housing unit. The auditor also spoke with several inmates during the site review. All of the inmates stated that they could file a grievance for an allegation of sexual abuse. They all knew how to access the inmate kiosk and locate the grievance. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(c). The auditor was provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy states that “A detainee/inmate who alleges sexual abuse/assault or sexual harassment, may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance will not be referred to a staff member who is the subject of the complaint.”

The auditor completed interviews with the PREA coordinator and her Supervising Lieutenant during the site review. Both staff members confirmed that inmate grievances referencing sexual abuse would never be referred to the subject staff member, would not be held to a time frame for filing the grievance, and could be submitted to any staff member other than the subject of the grievance. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(d). In GO – 3.3.5-01 DETAINEE/INMATE GRIEVANCE PROCEDURES, the policy identifies the required time limits for completing the grievance response and notifications to the inmate if an extension is necessary. The policy requires thirty days and does not include the time permitted for the inmate to formulate an appeal in computations. The policy additionally states, “The Corrections Division may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Corrections Division shall notify the detainee/inmate in writing of any such extension and provide a date by which a decision will be made.”

The McHenry County Sheriff's Office had four grievances filed that alleged sexual abuse in the past twelve months. Each of those cases had a disposition associated with the file. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(e). In GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, the auditor verified that the facility would accept grievances and allegations of sexual abuse from third parties, including inmates, family, advocates, and attorneys. The policy allows for the inmate that is the alleged victim to decline the filing of the report. During a review of completed sexual abuse investigations during the onsite phase of the audit, there were zero grievances in the past twelve months in which a detainee/inmate declined third-party assistance. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(f). In GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, the policy allows filing a grievance in an expedited manner. The policy also describes response parameters (initial response within forty-eight hours and a final disposition in five days) consistent with this portion of the standard, which must be documented.

The auditor reviewed twenty completed sexual abuse investigations during the onsite phase of the audit. The auditor did not identify any allegation submitted through the inmate grievance process during the previous twelve months that was processed in an emergency or expedited manner. Therefore, the auditor

was not able to confirm this process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(g). The facility provided the inmate handbook, which states, “No harassment, punishment, or disciplinary action will result to an inmate who seeks resolution of legitimate complaints in good faith.”

In the past twelve months, the Corrections Division did not have any detainee/inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the detainee/inmate for having filed the grievance in bad faith.

Based on the auditor’s review of the twenty sexual abuse allegations from the previous twelve months, the auditor confirmed that inmates are not disciplined for filing allegations that are determined to be unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (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 inmates 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. Memorandum of Understanding –SART Response Team PROTOCOLS
 - b. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - c. McHenry County Sheriff's Office Corrections Division *Inmate Handbook*
 - d. ICE Detainee Handbook
 - e. Posters
2. Interviews:
 - a. Specialized staff
 - b. Random inmates
 - c. Targeted inmates
3. Site Review Observations:
 - a. Housing units
 - b. Kiosks

Findings (by provision):

115.53(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy states that the SART team will provide outside entities with relevant services and expertise, addressing confidentiality. The facility provided the multidisciplinary team Memorandum of Understanding –SART Response Team PROTOCOLS that describes the processes, and confidentiality is addressed in this document.

During the onsite phase of the audit, the auditor interviewed twenty-two random inmates. All but one of the twenty-two inmates explained to the auditor what the emotional support services were and how to obtain those services. The inmates knew that the information was posted on the signs in the housing unit. The one inmate who reported not learning this information was hostile to the interview and answered questions inconsistent with the other inmates. The auditor located the signs in each housing unit during the site review. The signs have a free internal phone number, notation of outside services, and a free phone number and address for those external services. The signs explain the service, the mailing address, and the phone number in an easy-to-read manner. The auditor interviewed the Northwestern program director, who confirmed the validity of the information in the MOU. ICE detainees have free

speed dial numbers to the Department of Homeland Security Office of Inspector General, the ICE Office of Professional Responsibility, and the ICE Detention Reporting Information Line, with an address provided for each. Posters with this information were seen throughout ICE housing units. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(b). The facility provided McHenry County Sheriff's Office Corrections Division Inmate Handbook. The handbook states that concerning provisions under this standard, "These calls and correspondence are not recorded or monitored by facility staff."

The facility provided copies of posters located throughout the facility in English and Spanish. The posters list addresses and free phone numbers and note the level of confidentiality provided to such communications. The facility handles outgoing mail to the listed PO box as privileged legal mail. The issued handbook notifies inmates that emotional support service providers may be required to report on a need-to-know basis, particularly involving the inmate's welfare or investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(c). The facility also provided the auditor a copy of the multidisciplinary Memorandum of Understanding –SART Response Team PROTOCOLS. This MOU identifies that Northwestern or one of its affiliates will provide emotional support services for those inmates that may need it. It allows inmates to write to or call advocates at Northwestern/Crisis. The MOU was most recently revised in 2018 and is in perpetuity. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? ☒ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Online reporting form

Findings (by provision):

115.54(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy provides a method for the agency to receive third-party reports of inmate sexual abuse or sexual harassment. Zero tolerance signs posted throughout the facility inform inmates that a third party may file an allegation of sexual abuse on their behalf. There are signs in the facility lobby for the public to see. On the McHenry County Sheriff's Office website, on the web page dedicated to PREA information, there is an online reporting form, which can be found at <http://mchenrysheriff.org/corrections/prea.aspx>. The auditor tested this web submission mechanism before the onsite and received a response from the PREA coordinator the next working day. Based on this analysis, the auditor finds the facility in compliance with this provision.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (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 inmates 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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
2. Interviews:
 - a. Specialized staff
 - b. Random staff

Findings (by provision):

115.61(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy requires that all staff members immediately

report any knowledge or suspicion of sexual assault or sexual harassment. This is true whether or not the abuse occurred in their facility. Staff is also to report any information regarding retaliation against inmates or staff due to their reporting allegations of sexual abuse and knowledge of staff neglect or lack of responsibility.

During the onsite phase of the audit, the auditor interviewed fifteen random staff members. Every person interviewed clearly stated that they were required to report all allegations of sexual assault or sexual harassment immediately. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(b). GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM also prohibits releasing information concerning the identity of a detainee/inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need-to-know to make decisions concerning the victim's welfare, and for law enforcement/investigative purposes.

Random staff interviewed clearly understood the requirement to maintain the confidentiality of sexual assault and sexual harassment cases. Each of the fifteen random staff members interviewed reported that they were only allowed to discuss these cases with persons who needed to know the information for official business. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(c). The State of Illinois requires mandatory reporting of incidents of sexual abuse of an inmate under 210 ILCS 30, Illinois Administrative Code CH. I. Sec. 50. This code does not provide an exception for medical and mental health practitioners. All staff members of the Detention Facility must immediately report all incidents per GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.

During the onsite phase of the audit, the auditor interviewed staff members from the medical department informally and interviewed the medical director. Everyone interviewed confirmed that they are mandatory reporters of sexual abuse of inmates. Staff confirmed that they would inform the inmate of their duty to report and limit the confidentiality of information learned. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(d). There are no youthful offenders housed in this facility. The auditor verified inmate rosters and interviewed a facility Sergeant and Lieutenant, who confirmed this. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(e). GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM states that all allegations of sexual abuse and sexual harassment are reported to a designated investigator.

The auditor interviewed the agency head, who confirmed that the facility investigates all allegations of sexual abuse and sexual harassment. All allegations are forwarded to the investigators at the MCSO Criminal Investigations Division will be assigned to internal affairs if the alleged abuser is a staff member. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
2. Interviews:
 - a. Specialized staff
 - b. Random staff

Findings (by provision):

115.62(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states that inmates are to be screened upon intake for risk of sexual victimization or abuse and may be placed into protective custody temporarily until a thorough evaluation and review can take place.

The auditor interviewed the PREA coordinator and the agency head during the onsite phase of the audit. They made it clear that all staff members are directed to immediately protect an inmate if they become aware that they are in imminent danger of being abused. The auditor interviewed fifteen random staff members. All stated that they always react immediately if they see someone in imminent danger. The auditor reviewed twenty sexual abuse investigations from the previous twelve months, and each of the inquiries was handled directly upon learning of the allegation. The auditor also noted in the investigations files that all inmates involved were immediately separated and, in most cases, keep separate notations were entered into the inmate management system. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Investigations files
 - c. Notification Reports
2. Interviews:
 - a. Agency head
 - b. Specialized staff

Findings (by provision):

115.63(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy requires the agency head of the Detention Facility, upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the facility's head where sexual abuse is alleged to have occurred.

During the onsite phase of the audit, the auditor spoke with the PREA coordinator, and she confirmed that the facility does make these notifications. During the past twelve months, the Corrections Division received four allegations that a detainee/inmate was abused while confined at another facility. The facility contacted the other facility and informed them of the allegation in all cases. Each instance was documented, and all inmates were referred to Mental Health staff for ongoing care. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(b). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states "...no later than 72 hours after receiving the allegation."

During the onsite phase of the audit, the auditor spoke with the PREA coordinator. She confirmed that the facility would make these notifications immediately and always within 72 hours of learning the allegation. During the past twelve months, the Corrections Division received four allegations that a detainee/inmate was abused while confined at another facility. The facility contacted the other facility and informed them of the allegation in all cases. Each instance was documented, and all inmates were referred to Mental Health staff for ongoing care. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(c). All notifications to other facilities and agencies are documented by the facility and maintained by the PREA Coordinator. The facility retains investigative files for all instances of sexual abuse or harassment and submitted example documentation supporting that the facility made these notifications. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(d). GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM was provided to the auditor. It states, "In the event that allegations are received from other facilities and agencies regarding a detainee/inmate that was sexually abused while confined in the Corrections Division, the Chief of Corrections will have the allegations investigated in accordance with the PREA standards."

During the onsite phase of the audit, the auditor interviewed the agency head. When asked about the next steps if he received an allegation from another facility, he stated that it would be immediately forwarded to the PREA coordinator to begin an investigation and detailed that process to include the Criminal Investigative Division. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

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

115.64 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
2. Interviews:
 - a. Targeted inmates
 - b. Specialized staff
 - c. Random staff

Findings (by provision):

115.64(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. In the section entitled *Staff First Responder Duties*, the facility outlines the responsibilities for staff members to respond to allegations of sexual abuse. The first step is for the security staff member to separate the alleged victim from the abuser immediately. The second step is to preserve and protect any crime scene. The last step is to take specific action to avoid the destruction of evidence from both the alleged victim and details the safeguarding of the evidence of an abuser.

The auditor interviewed 15 random staff members during the onsite phase of the audit. Each person interviewed easily provided the auditor with these initial first responder steps. The auditor also interviewed one inmate who had filed an allegation of sexual abuse. The inmate recalled being immediately separated from all inmates in a housing unit. The auditor reviewed both investigative files and confirmed the steps taken following the inmate's allegation. None of these instances involved a period where the collection of physical evidence was possible. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.64(b). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy requires that all non-security staff first responders immediately report to any security staff the allegation for investigative purposes and requires the non-security staff member to request that the alleged victim not take any action that could destroy evidence.

During the onsite phase of the audit, the auditor talked with several non-security staff members during the site review. Every individual quickly recited these initial steps as a first responder. The auditor interviewed fifteen random staff members, and all staff knew the first response steps to ensure safety for inmates and proper investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.65: Coordinated response

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

115.65 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.
 - b. Memorandum of Understanding –SART Response Team PROTOCOLS
2. Interviews:
 - a. Agency head

Findings (by provision):

115.65(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM and the Memorandum of Understanding –SART Response Team PROTOCOLS. The policy is detailed and contains the coordinated response plan and lists the specific responsibilities for the first responder, classification, PREA compliance manager, supervisor, medical staff, mental health staff, Administrative Investigators, Criminal Investigation Division, and PREA coordinator. A detailed SART team Memorandum of Understanding bolsters this policy, further expounding expected actions.

During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the agency head and the PREA coordinator. It was confirmed that all areas of the facility work together in response to any incident, including sexual abuse allegations. The PREA coordinator stated that the coordinated response plan is followed for any reaction to a sexual abuse allegation and produced checklists and extensive documentation in this regard. The auditor reviewed twenty sexual abuse investigations during the onsite phase of the audit. The auditor was able to see the coordination of work of several divisions to complete investigations smoothly and adequately in the investigative files, verifying the role of the process. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

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

115.66 (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? ☒ Yes ☐ No

115.66 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.
 - b. Current Labor Agreement
2. Interviews:
 - a. Agency head

Findings (by provision):

115.66(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy calls for Staff, contractors, or volunteers suspected of perpetrating sexual abuse/assault or sexual harassment shall be removed from all duties requiring detainee/inmate contact pending the outcome of an investigation.

The County of McHenry and the McHenry County Sheriff have entered into labor agreements with the Illinois Fraternal Order of Police Labor Council, most recently dated 12/01/2018 through 11/30/2021. This agreement contains no clause that would prohibit 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.

It was confirmed through an interview with the agency head during the onsite portion of the audit that the collective bargaining agreement allows for paid administrative leave as necessary to meet requisites of this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Sexual abuse investigations files
2. Interviews:
 - a. Targeted inmates
 - b. Agency head
 - c. Specialized staff

Findings (by provision):

115.67(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy includes requirements for staff to monitor for retaliation. The PREA Coordinator, Mental Health, and the SRU-Intel Officer are designated responsible for monitoring for retaliation all detainees/inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations.

During the onsite phase of the audit, the auditor interviewed the PREA Coordinator. She confirmed that one of her assigned duties is monitoring inmates for potential retaliation and supervising those who watch for retaliation. She stated he does this by reviewing retaliation monitoring tools and meeting with inmates periodically to check their well-being. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(b). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy outlines the protection measures available for the facility to protect inmates or staff from retaliation. This includes measures to determine if there are changes that may suggest possible retaliation by detainees/inmates or staff, and requires monitors to remedy such retaliation promptly.

Through interviews with the PREA coordinator, the auditor confirmed the use of these measures to protect inmates and staff from retaliation. The auditor interviewed the agency head, who stated that they would utilize housing changes to safeguard reporters of abuse from potential reprisals. The auditor also interviewed inmates who had filed allegations of sexual abuse. Both inmates could recall being asked about retaliation after the initial investigation. Neither inmate had issues with retaliation. The auditor reviewed their investigations files and located thorough retaliation monitoring records. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(c). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, which includes a provision to monitor retaliation for at least 90 days following a report of sexual abuse. During that period, the PREA coordinator will monitor the conduct and treatment of inmates or staff who report abuse to see if changes may suggest possible retaliation and act promptly to remedy such reprisals.

During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who stated that she meets with inmates as needed to verify there are no concerns. She did not indicate a time when an inmate expressed concern regarding retaliation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(d). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy requires periodic status checks of inmates, with continued monitoring beyond established time frames should the initial monitoring indicates a continuing need. During the onsite phase of the audit, the auditor interviewed the PREA coordinator. The PREA coordinator confirmed periodic checks of inmates to verify their safety and well-being. These checks are documented and placed in the inmate's investigations file. The auditor also interviewed two inmates who had filed allegations of sexual abuse. Both inmates could recall being asked about retaliation after the initial investigation. Neither inmate had issues with retaliation. The auditor reviewed their investigations files and located the retaliation monitoring records. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(e). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. That policy defines who is responsible for monitoring for retaliation regarding anyone and requires those individuals to act promptly to remedy any such retaliation.

During the onsite phase of the audit, the auditor interviewed the agency head and the PREA coordinator. Through interviews, it was reiterated that action would be taken against any inmate or staff member if it was proven they had retaliated against another person due to their participation in sexual abuse investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. GO – 3.3.4-04 PROTECTIVE CUSTODY OPERATIONS
 - c. Statements of Fact
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates
3. Site Review Observations:
 - a. Segregated housing

Findings (by provision):

115.68(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states victims will be placed in the least restrictive housing option possible, and that will, to the extent possible, permit the victim the same level of privileges they were permitted immediately before the sexual assault. Additionally, GO – 3.3.4-04

PROTECTIVE CUSTODY OPERATIONS requires a detainee/inmate who staff determined requires Protective Custody status, but who refuses such status may be confined in Protective Custody status Involuntarily be provided with a hearing that offers the same notification and other due process protections outlined in General Order 3.3.3-01 on disciplinary proceedings.

The auditor interviewed several people during the onsite review to review this standard. Classification staff confirmed use of administrative confinement is available to protect an inmate following an allegation of sexual abuse. The PREA coordinator also confirmed the availability of administrative confinement. The auditor interviewed and reviewed the files of two inmates that had filed allegations of sexual abuse. One of those inmates was housed in the general population; the other was in protective custody for reasons unrelated to sexual abuse. The inmate in the general population stated he could have gone to administrative confinement but rejected it, as the claim involved staff and not other inmates. Facility records demonstrate no inmates in the last twelve months were involuntarily segregated due to being harassed or assaulted. Inmates placed in administrative housing would be subject to 7-day status reviews. Based on this analysis, the auditor finds the facility in compliance with this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (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

115.71 (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

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

115.71 (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

115.71 (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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Memorandum of Understanding –SART Response Team PROTOCOLS
 - c. Statement of Fact
 - d. Investigations files
 - e. Grievance records
2. Investigations:
 - a. Specialized staff

Findings (by provision):

115.71(a). The Detention Facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. In the *Investigations Requirements* section, the policy states, “A prompt, thorough, objective, and fair investigation shall be conducted by qualified investigators for every incident or allegation of sexual abuse/assault or sexual harassment.”

During the onsite phase of the audit, the auditor interviewed the PREA Coordinator. The Coordinator was clear with her assertion that Criminal Investigations Division is called to investigate sexual abuse allegations in the corrections facility. The PREA coordinator confirmed that detectives are contacted for all incidents that involve physical contact between inmates. The internal affairs division investigates incidents of sexual abuse between a staff member and an inmate. The auditor reviewed the facility's grievances submitted during the previous twelve months. Also examined were the PREA investigative files from the last twelve months. The auditor confirmed through this review that all allegations were

investigated beginning on the day of notification of the allegation of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(b). The Detention Facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy requires that sexual abuse investigators have received special training under standard 115.34. The auditor had previously reviewed the written documentation submitted for standard 115.34, which references the requirements for specialized investigation training. The auditor was provided written proof of completed training for various detectives in the Criminal Investigations Division and the correctional investigators in the facility.

During the onsite phase of the audit, the auditor met with an investigator. He confirmed that he had completed the specialized training class from the NIC. This training focused on the need to understand the difficulties for a victim in a correctional facility and the techniques that can be employed to investigate and gather information thoroughly. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(c). The Detention Facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The guidelines include the initial steps of gathering and preserving evidence, interviewing alleged victims, suspected perpetrators, and witnesses, and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

During the onsite phase of the audit, the auditor interviewed an investigator. He explained that every investigation inside the facility is treated as an investigation outside the facility, where each investigation would include everything expected in this provision of the standard. He explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every criminal or administrative sexual abuse investigation. That description is consistent with the protocol is detailed in the SANE MOU. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(d). During the auditor's interview with the PREA Coordinator and Agency Head, the auditor discussed coordinating investigative efforts with internal affairs if an investigation involves a staff member. The Agency Head stated that the agency's standard practice would be to place staff on paid administrative leave while the criminal investigation is completed. If needed, internal affairs would not conduct compelled interviews from staff until completing the criminal investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(e). The Detention Facility provided an inmate handbook. The handbook states that the victim's credibility is not be determined by the person's status as an inmate or staff member. The handbook also states that the Detention Facility may not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for investigating such an allegation.

During the onsite phase of the audit, the auditor interviewed an investigator. He explained to the auditor that the agency would never utilize truth-telling efforts to determine if any victim of sexual abuse was telling the truth. That is forbidden and would never be done by any investigator. He also confirmed that the agency would always review evidence from their investigation on its own and not allow the inmate victim's status as an inmate to affect the outcome of the investigation. The auditor interviewed two inmates who had reported sexual abuse. Both inmates confirmed that they were not asked or required to submit to a polygraph examination. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). The Detention Facility provided GO – GO 1.5.06 ADMINISTRATIVE INVESTIGATIONS AND COMPLAINT REVIEW. This policy includes provisions to include whether staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

This policy provides guidelines for receiving and investigating complaints about Sheriff's Office employees. In the Responsibilities of the Internal Investigations Authority section, it is listed that investigations should be described to include findings. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM requires that investigative reports have all supporting documentation of the review, that evidence is reviewed, and the findings of the investigation.

The auditor interviewed an investigator during the onsite phase of the audit. It was confirmed that there would be a review to determine if there were any violations of policy and violations of law. He confirmed that criminal investigators must write a report after all investigations. The report will include the allegation, evidence collected and reviewed, a summary of interviews, and the reasoning behind his final determination. He stated that all substantiated allegations would be referred for criminal prosecution.

The auditor reviewed the PREA investigations from the previous twelve months, including staff misconduct investigations. Each investigation involving a staff member included a review of the staff member's actions. The auditor reviewed the investigations and noted the review of the staff members' actions or inactions in each incident. The investigative reports included a description of the inmate interviews, staff interviews, and physical evidence and how the investigator made the decision on his findings. There was one substantiated case during the previous twelve months for sexual harassment involving a contractor, which was not referred for prosecution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). The facility provided GO 4.1.00 CRIMINAL INVESTIGATIONS ORGANIZATION AND ADMINISTRATION, including these substandard provisions. The report contains a description of the allegation, a summary of the information received through interviews, and a listing of the evidence collected.

An investigator confirmed that the Criminal Investigations Division must write a report after all investigations. The report will include the allegation, evidence collected and reviewed, a summary of interviews, and the reasoning behind a final determination. Each of the investigation files examined by the auditor contained a final report and evaluation of evidence, interviews, and a final determination in a criminal investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). The Detention Facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy includes a provision that all allegations of sexual abuse or assault involving even potentially criminal behavior are referred for investigation, and perpetrators of sexual abuse or assault shall be referred for criminal prosecution.

An investigator interviewed by the auditor also confirmed that all substantiated allegations of sexual abuse would be referred for potential prosecution. There were no substantiated cases of sexual abuse during the previous year. There were twenty sexual abuse investigations in the last twelve months. There was one substantiated case, which was for staff on inmate sexual harassment. The auditor interviewed the PREA coordinator. She agreed that the agency would refer all substantiated cases for prosecution, as the PREA standards required it, as it would also assist the agency in education for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). The Detention Facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states, "All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and counseling are retained under an established schedule."

The PREA coordinator confirmed that the facility would maintain investigative files for ten years. The auditor was provided a review of the investigative files as far back as 2013. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). The Detention Facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy supports that all cases that appear potentially to support criminal prosecution to the MCSO Criminal Investigation Division. The facility provided documentation that supported that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The auditor interviewed the PREA coordinator and an investigator during the onsite phase of the audit. The investigator stated that the agency would continue with that investigation once an investigation was opened, even if the alleged abuser or victim is no longer employed or housed in the facility. The investigator stated clearly that this is their standard procedure for any investigation, regardless of where it occurred. The PREA coordinator stated that the facility would continue with the investigation and prosecute, when possible, even if the individual was not employed or released from the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(l). The agency does not employ outside agencies to conduct criminal or administrative investigations. These investigations are completed internally. The auditor interviewed the PREA Coordinator, who stated that if an outside agency were to investigate something related to sexual abuse, or any crime, in the facility, they would cooperate with the investigation. She stated that they would also maintain communication and keep open lines of communication regarding the outcome. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.
 - b. Investigations files
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.72(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The auditor reviewed this policy, and it does clearly state that evidentiary standards for administrative investigations require a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual assault are substantiated.

The auditor interviewed the PREA coordinator and an investigator during the onsite phase of the investigation. Both confirmed that the preponderance of the evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the facility. The auditor reviewed twenty investigations files from the previous twelve months and determined that the facility uses this standard for all investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Investigations files
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.73(a). The auditor was provided a copy of GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. In the reporting requirements section, the policy requires that any detainee/inmate who makes an allegation that they suffered sexual abuse/assault or sexual harassment shall be informed in writing by the Coordinator as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the completion of the investigation.

During the onsite phase of the audit, the auditor interviewed several staff members about this standard. The agency head agreed that this is standard procedure. The PREA coordinator stated that they would always notify the inmate as the policy states. The auditor reviewed the facility's twenty investigation files from the previous twelve months and located copies of the inmate's written notification of the investigative findings. The auditor interviewed two inmates who had filed an allegation of sexual abuse during their incarceration. Both inmates stated that they received notice of the outcome of the investigation. Based on this analysis, the auditor finds the facility complies with this provision.

115.73(b). This provision does not apply, as the facility investigates sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the facility complies with this provision.

115.73(c). The auditor was provided information from GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM for this provision. The policy clearly outlines the required notifications to an inmate related to the staff member alleged to have committed sexual abuse against the inmate. The notifications in the policy meet the requirements of the standard.

During the onsite phase of the audit, the auditor interviewed an inmate who had filed an allegation of sexual harassment against a contractor. The inmate confirmed that they were provided correctly written notification of the outcome of the investigation. Additionally, the inmate was made aware of the contractor's employment status. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(d). The auditor was provided information from GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM for this provision. The policy clearly outlines the required notifications to an inmate related to the inmate alleged to have committed sexual abuse against the inmate. The notifications in the policy meet the requirements of the standard.

During the onsite phase of the audit, the auditor interviewed an inmate who had filed an allegation of sexual harassment against a contractor. There were no inmates available to interview that had filed allegations against another inmate. The Corrections Division has had zero inmates/detainees indicted/convicted of any charges stemming from a sexual abuse allegation. The PREA Coordinator reported that the facility would notify the abused if needed. There were no notations in any investigation files regarding criminal charges for an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(e). The auditor was provided information from GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM for this provision. The policy requires that all notifications to inmates in this standard be documented and forwarded to the Sheriff. It also requires documentation to be provided to the inmate and retained as required by law and policy.

During the onsite phase of the audit, the auditor reviewed the twenty investigation files from the previous twelve months. All such notifications were easily found in the investigation file for each file. Based on this analysis, the auditor finds the facility in compliance with this provision.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. GO 1.5.07 DISCIPLINE
 - c. GO 1.5.02 HARASSMENT AND DISCRIMINATION IN THE WORKPLACE
 - d. Investigation files
2. Interviews:
 - a. Specialized interviews

Findings (by provision):

115.76(a). The facility provided the auditor GO 1.5.07 DISCIPLINE regarding this provision. This policy complies with the requirements of this standard. The policy states, “(employees)...shall be subject to reprimand, verbal or written, suspension from duty, reduction in rank, dismissal from the Sheriff's Office or any one or more of the foregoing penalties according to the nature and aggravation of their offense.”

The auditor reviewed the twenty investigations files for the previous twelve months. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA coordinator that there had been no substantiated incidents of staff sexual abuse over the last twelve months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(b). The facility provided the auditor GO 1.5.07 DISCIPLINE regarding this provision. The policy states that “...dismissal from the Sheriff's Office or any one or more of the foregoing penalties according to the nature and aggravation of their offense.”

During the onsite phase of the audit, the auditor reviewed the twenty investigations files for the previous twelve months. The auditor confirmed through conversations with the PREA coordinator that there had been no substantiated incidents of staff sexual abuse over the last twelve months. The PREA Coordinator relayed that the facility would terminate any staff that engaged in sexual abuse within the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(c). The facility provided the auditor GO 1.5.07 DISCIPLINE regarding this provision. The policy states that disciplinary sanctions for violations of agency policies (including sexual abuse or harassment) the following criteria shall be used to determine the appropriate level of action:

- a) The seriousness of the incident.
- b) The circumstances surrounding the incident.
- c) The employee's disciplinary records.
- d) The employee's overall work performance.
- e) The overall negative impact on the Sheriff's Office caused by the incident.
- f) The probability that future similar problems will occur

During the onsite phase of the audit, the auditor reviewed the twenty investigations files for the previous twelve months. There were no substantiated allegations against a staff member. Through conversations with the PREA coordinator, the auditor confirmed that there had been no staff in the past twelve months that have violated Sheriff's Office sexual abuse or sexual harassment policies. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(d). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy requires, "...Relevant licensing bodies will be notified when applicable if (staff), contractors or volunteers are found culpable of sexual abuse/assault or sexual harassment."

The policy also describes processes that involve referring all cases that appear potentially to support criminal prosecution to the Criminal Investigation Division.

During the onsite phase of the audit, the auditor reviewed the twenty investigations files for the previous twelve months. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA coordinator that there had been no substantiated incidents of staff sexual abuse over the last three years. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ 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

115.77 (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 inmates? ☒ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.
 - b. Investigations files
2. Interviews:
 - a. PREA coordinator
 - b. Specialized staff

Findings (by provision):

115.77(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states that "Staff, contractors, or volunteers suspected of perpetrating sexual abuse/assault or sexual harassment shall be removed from all duties requiring detainee/inmate contact pending the outcome of an investigation." The policy also calls for relevant licensing bodies to be notified when applicable if contractors or volunteers are found culpable of sexual abuse/assault or sexual harassment. The policy additionally calls for 'all allegations of sexual abuse/assault involving potentially criminal behavior are referred for investigation by an agency with the legal authority to conduct criminal investigations and shall document such referrals.'

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. She confirmed one case of sexual harassment by a contractor during the previous twelve months. The auditor reviewed the twenty investigations file for the last twelve months and saw that the described instance was documented. The contractor was removed from facility access privileges pending the outcome of the investigation.

There was no sexual abuse to report to law enforcement or licensing bodies in this instance. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77(b). The policy provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy contains a detailed after-action review to include considerations to assess and improve prevention and response efforts.

The auditor interviewed the PREA coordinator during the onsite phase of the audit and learned that the agency would automatically remove a volunteer or contractor involved in sexual abuse from inmate contact. This was reflected in practice as a contractor was removed from facility access during an investigation in the last twelve months. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

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

115.78 (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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.3.3-01 DETAINEE / INMATE DISCIPLINE
 - b. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - c. MCSO Inmate Handbook
 - d. Segregation Calculator form
 - e. Investigation files
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.78(a). The facility provided GO – 3.3.3-01 DETAINEE / INMATE DISCIPLINE. This policy contains provisions that establish a due process disciplinary procedure for inmates found guilty of sexual abuse or sexual harassment through a formal disciplinary process. The inmate handbook lists specific rule infractions for engaging in a sex act or committing sexual assault or sexual harassment. These are major category rule infractions at this facility.

During the onsite phase of the audit, the auditor reviewed the sexual abuse investigation files from the previous twelve months. The auditor examined twenty investigations from the twelve months prior to the audit. There were no investigations that led to administrative disciplinary sanctions for an inmate, as there were no cases where the allegation was substantiated against the accused inmate. Additionally, in the

past twelve months, there were no criminal findings of guilt for inmate-on-inmate sexual abuse at the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(b). The auditor was provided GO – 3.3.3-01 DETAINEE / INMATE DISCIPLINE. This policy provides a mechanism for hearing results to be scaled to ensure objectivity and consistency in the sanctions provided to inmates. The utilization of a calculator form ensures comparability and proportionality with offenses.

During the onsite phase of the audit, the auditor confirmed through interviews with the PREA coordinator that administrative sentences for inmates are based on the policy, the nature of the incident, inmate history, and prior sanctions imposed for similar offenses. The auditor could not review inmate sanctions, as there were no substantiated allegations against the accused inmate in any of the twenty investigations files from the previous twelve months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(c). The facility provided GO – 3.3.3-01 DETAINEE / INMATE DISCIPLINE. This policy offers provisions to take into account inmate disabilities to include incompetency. The policy states that “The facility shall not hold a detainee/inmate accountable for their conduct if a medical authority finds them mentally incompetent.....Such an individual is not capable of acting in accordance with those norms and therefore, cannot be held responsible for their “wrongful” actions.”

The PREA coordinator confirmed that the facility would consider the inmate’s mental illness or mental disabilities before imposing any sexual abuse or sexual harassment sanctions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(d). The auditor was provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy does not offer therapy, counseling, or other interventions designed to address and correct motivations for abuse.

During the onsite phase of the audit, the auditor met with the medical director, who confirmed that mental health staff works with all inmates with mental health disorders to provide them with therapy, counseling, or other interventions. However, they do not offer any programs specific to those who commit sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(e). The auditor was provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states, “When a detainee/inmate is found to have engaged in sexual contact with a staff member, the detainee/inmate may be disciplined only where the staff member did not consent.”

The PREA coordinator was interviewed and stated that there had been no such incidents of sexual contact between staff and inmates. The auditor reviewed the twenty sexual abuse investigations from the previous twelve months, and there are no cases where the staff member did not consent to physical contact with an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(f). The auditor was provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy protects from any form of retaliation, including a report of sexual abuse made in good faith upon a reasonable belief.

In the past twelve months, the Corrections Division has not had any disciplinary action against an inmate for having filed a false report due to evidence insufficient to substantiate an allegation.

The auditor reviewed twenty investigative files during the onsite phase of the audit. The auditor did not find any incidents of inmate discipline due to the finding of false allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(g). The facility provided the MCSO Inmate Handbook. In the Inmate Handbook, the auditor found the inmate rules that prohibited sexual contact. Although all sexual activity is not permitted between inmates, the agency will only deem such action to constitute sexual abuse if it determines that the activity is coerced. Based on this analysis, the auditor finds the facility in compliance with this provision.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. *Intake 14-day Physical PREA Screening Checklist*
 - c. *Classification Worksheet*
 - d. WellPath Authorization for Use or Disclosure of Protected Health Information (*Informed Consent Documentation*)
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates
3. Site Review Observations:
 - a. Computer systems
 - b. Medical services

Findings (by provision):

115.81(a). The McHenry County Detention Facility is a county jail, and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(b). The McHenry County Detention Facility is a county jail, and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(c). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states that all inmates who have disclosed prior sexual victimization during the risk screening are offered a follow-up meeting with a medical or mental health practitioner within fourteen days. The follow-up visit is documented to comply with the standard. The policy states that mental health staff will assess and provide continued monitoring in these

instances. The auditor reviewed samples of this documentation, where it was observed that the facility appropriately logged the information. The mental health practitioner completes this form during their inmate assessment. On the last page of the form, there is a space to note a disposition.

During the onsite phase of the audit, the auditor interviewed classification staff, who confirmed that inmates are asked questions regarding exploitation and victimization in any setting.

The auditor was shown copies of the Classification tool for multiple inmates, where the auditor could see that the screening was part of the normal process. The auditor could see the referral to medical and mental health services. There were no inmates in custody that fit the targeted criteria for this interview. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(d). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy states, “Information concerning the identity of a detainee/inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need-to-know in order to make decisions concerning the victim’s welfare, and for law enforcement/investigative purposes.”

During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about inmates’ screening and PREA investigative files and were told they could not access that information on the computer. The PREA coordinator and classification staff assured the auditor that access to the screening tool’s data was restricted to staff that required access to the information. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(e). The facility provided a copy of the WellPath Authorization for Use or Disclosure of Protected Health Information (Informed Consent Documentation). This document is completed for each new intake. To date, the Medical Department has not had to make any reports under this standard; however, if they would make a report, the facility would obtain a release before doing so. There are no inmates in custody under the age of eighteen.

During the onsite phase of the audit, the auditor met with the medical director. She stated that all medical and mental health staff obtain informed consent from inmates. They all understand the requirement to disclose to inmates the needs of the facility and the reasoning behind such disclosures. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (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 § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Statements of Fact
 - c. SART Team Memorandum of Understanding
 - d. Investigation files
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.82(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states that Victims shall be provided emergency and ongoing medical and mental health services as needed. Medical and mental health practitioners will determine the nature and scope of such services will be determined by medical and mental health practitioners according to their professional judgment.

During the onsite phase of the audit, the auditor interviewed the medical services director. She confirmed that all appropriate health and mental health services would be provided to all sexual abuse victims, in coordination with the facility and the staff from Northwestern. The facility takes a practical multidisciplinary approach in cooperation with stakeholders in the SANE MOU, the onsite providers, and the Sheriff's Office. Consistent with that process, each inmate is immediately evaluated for the need to receive emergent medical care. The auditor reviewed twenty PREA investigations from the previous twelve months. To date, the Corrections Division has not had any victims of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(b). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. Qualified medical staff is on duty twenty-four hours per day, seven days per week. The policy calls for first responders to immediately notify a Supervisor, medical, mental health, classification, among others, in an instance of abuse. Under this policy, the facility would have the required staff to respond immediately to sexual abuse and sexual harassment incidents.

The auditor interviewed the medical services director during the onsite phase of the audit. She confirmed that there is always a staff of medical professionals in the facility for immediate response to any incident, including sexual assault; thus, there is no requirement to be concerned with this provision. The auditor also interviewed staff members who were asked about the steps to take upon discovering or learning of a sexual assault of an inmate. Each staff member confirmed that the inmate would be evaluated by medical as soon as possible. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(c). The facility provided the McHenry County SANE Memorandum of Understanding. (MOU) The MOU contains provisions to provide treatment for medical needs, including pregnancy prevention and treatment of sexually transmitted infections.

The PREA Coordinator stated that victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, under professionally accepted standards of care, where medically appropriate.

During the onsite phase of the audit, the auditor interviewed the program director at NorthWestern. She stated that the SANE nurse would complete the examination and provide follow-up information to the facility. The auditor interviewed the medical director, who confirmed the SANE nurse would perform the exam, complete any testing needed, provide prophylactic medications for sexually transmitted infections (STIs), and complete any necessary pregnancy testing.

The auditor reviewed twenty PREA investigative files from the previous twelve months. There were no investigations that contained an allegation of sexual abuse that led to the need for a forensic examination. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(d). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.

The policy requires that treatment services shall be provided to every victim without financial cost. Cooperation with investigations and naming a perpetrator is not a requisite to treatment.

Through interviews with the PREA coordinator, the auditor confirmed that all inmate victims would receive these services at no cost. In an earlier standard, the auditor also reviewed that the MOU with NorthWestern provides forensic examinations at no cost to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.83: 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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (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

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☐ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Wellpath Policy
 - c. Statements of Fact
 - d. Investigative files
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.83(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states that “Victims shall be provided emergency and ongoing medical and mental health services as needed.”

During the onsite phase of the audit, the auditor confirmed through interviews with the medical services director that inmates who report prior victimization are provided services, treatment, and counseling by medical and mental health staff. This service and treatment plan was confirmed by the SANE Program Coordinator as well.

The auditor also interviewed two inmates who reported sexual victimization. Both inmates confirmed they were solicited for or provided medical and mental health services. One inmate stated that they did not request any mental health services, although they were referred. The other inmate was already being seen by mental health on matters unrelated to sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(b). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states that inmates will be provided both emergency and ongoing care and is inclusive of transfers or release. This is also addressed in the facility video played daily in English and Spanish throughout the facility.

The auditor interviewed the medical services director during the onsite phase of the audit. She confirmed that the facility works with community healthcare providers for follow-up and treatment of inmates upon release. No inmates reported prior sexual victimization on the intake risk screening; however, two inmates reported victimization while in custody. Both inmates confirmed they were provided services by medical and mental health. One stated that they did not require any services, although they were all seen by mental health providers. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(c). The facility provided the contracted medical and mental health services provider Policies and procedures. The policy states that medical and mental health services shall be provided in a manner consistent with the level of care the resident would receive in the community.

During the onsite phase of the audit, the auditor met with the health services director. She described that all inmates receive care and services consistent with what is available outside the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(d). The facility provided documentation that states female victims of sexual abuse while incarcerated are offered pregnancy tests. The Corrections Bureau has not had to provide this service for any female victims, but it would be provided by Medical staff if needed.

The auditor interviewed the medical services director and confirmed this policy. There were no medical records available for an inmate who was victimized in the facility that could be reviewed by the auditor, as there have been no female inmates sexually abused in this manner. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(e). The facility provided documentation that states female victims of sexual abuse while incarcerated are offered pregnancy tests. The facility provided documentation supporting that the Corrections Bureau has not had to provide this service for any female victims, but it would be provided by Medical staff if needed.

The auditor interviewed the medical services director and confirmed this policy. She added that timely information and access would be provided for all pregnancy-related services. There were no medical records available for an inmate who was victimized in the facility that could be reviewed by the auditor, as there have been no female inmates sexually abused in this manner. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(f). The facility provided documentation that states inmate victims of sexual abuse while incarcerated would be offered tests by Medical staff for sexually transmitted infections as medically appropriate. The auditor interviewed the medical services director and confirmed this policy. There were no medical records available for an inmate who was victimized in the facility that the auditor could review,

as there have been no inmates sexually abused requiring such testing. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(g). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states clearly that all victims of sexual abuse will be offered access to forensic medical examinations. The policy also states that such examinations will be provided without financial cost to the victim. A victim is not required to name a perpetrator in this policy.

The auditor reviewed investigations files, and there were no assault allegations with a forensic examination performed.

Through interviews with the PREA coordinator, the auditor learned that all inmate victims would receive these services at no cost. In an earlier standard, the auditor also reviewed that the MOU with NorthWestern provides forensic examinations at no cost to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(h). The McHenry County Detention Facility is a county jail facility, and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - b. Statement of Fact
 - c. Investigation files
2. Interviews:
 - a. Specialized staff
 - b. Incident review team

Findings (by provision):

115.86(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.

In the Sexual Abuse Incident Review Requirements section, the policy provides for a sexual abuse incident review to be conducted at conclusion of every sexual abuse investigation.

In the past twelve months, the Corrections Bureau conducted eight sexual abuse incident reviews. The PREA coordinator provided the auditor with investigation files from the previous twelve months. Each of the eight files reviewed contained written proof that an incident review took place. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(b). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.

In the *Sexual Abuse Incident Reviews* section, the policy states that the sexual abuse incident review will be conducted within thirty days of concluding the investigation.

The PREA coordinator provided the auditor with investigation files from the previous twelve months. Each of the reviewed applicable files contained written proof that an incident review took place, and each was completed within thirty days. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(c). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.

In the Sexual Abuse Incident Review Requirements, the policy requires the event review to involve the facility PREA Coordinator, the Chief of Corrections, and Administrative Lieutenant. The procedure requires the reviewers to seek input from line supervisors, investigators, and Medical or Mental Health staff.

During the onsite phase of the audit, the auditor interviewed the agency head and the Administrative Lieutenant. Both confirmed that the facility takes all incidents of sexual abuse seriously and conducts the incident review after the completion of the investigation. The auditor reviewed completed sexual abuse investigations from the previous twelve months. Each file contained an incident review meeting document. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(d). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.

In the *Sexual Abuse Incident Reviews* section, the policy highlights the items they should review in the meeting. The list includes each of the items required in this provision.

The auditor reviewed twenty investigation files from the previous twelve months. Each file contained a written report from the incident review, which listed the five points from this provision. The report was complete with the assessment and any recommendations for improvement. The auditor interviewed the PREA compliance manager, who confirmed attendance at incident review meetings and the need to identify any issues behind the allegations. She was clear that recommendations from these incident reviews were taken seriously by the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(e). The auditor was not provided written proof of implementation for improvement that was spurred by incident reviews. The PREA coordinator confirmed that the facility could not provide such documentation due to having any incidents with recommendations for improvement noted. The auditor reviewed twenty investigation files from the previous twelve months. There were no notations made of recommendations due to findings in the incident review. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (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

115.87 (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

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.
 - b. Annual Reports (2019 and 2020)

Findings (by provision):

115.87(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy includes a section entitled Data Collection and Reporting Procedures.

The policy requires a PREA Data Log that requires a uniform data tracking for every allegation of sexual abuse using a standardized instrument and set of definitions.

The auditor was provided a copy of the facility's annual report for 2019 and 2020. The set of definitions utilized for the data collection and listed in the report are consistent with the definitions listed on the Survey of Sexual Violence conducted by the Department of Justice (DOJ). Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(b). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The agency collects data regarding the sexual abuse incidents in the facility and aggregates it for an annual report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(c). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The facility provided the auditor with a copy of the facility's annual report for 2019 and 2020. The reports contain the data necessary to complete the DOJ Survey of Sexual Violence report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(d). The facility provided documentation to support the Corrections Bureau maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. All of this information is stored in the PREA Data Log, a data collection program created in a SharePoint program. The auditor reviewed this file with the PREA Coordinator. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(e). The agency does not contract with any outside facilities for the housing of inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(f). The agency completes the Survey of Sexual Violence (SSV) when the Department of Justice receives the request. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (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

115.88 (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

115.88 (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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.
 - b. Annual Reports (2019 and 2020)
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.88(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.

The policy includes a section entitled Data Collection and Reporting Procedures. Those processes include identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of the findings from the data reviewed and any corrective actions for the facility and the Sheriff's Office as a whole.

The auditor reviewed twenty sexual abuse investigations from the previous twelve months. Completed files contained the sexual abuse incident review document, performed after completing the investigation. There were no action items identified from these investigations. The auditor reviewed a copy of the facility's annual report for 2019 and 2020 and confirmed that the reports contain information related to this provision. The auditor interviewed the PREA coordinator during the onsite phase of the audit. She confirmed that the agency reviews annual data to determine if there is a need to take corrective action to prevent additional sexual abuse incidents. The agency head was interviewed and confirmed that these annual reviews are completed. Information obtained through these reviews is contained in the agency's annual report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(b). The auditor reviewed copies of the agency's annual reports for 2019 and 2020 and confirmed that the reports contain information related to this provision. Each report compared the current year's sexual abuse incident data and corrective actions with those from prior years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(c). The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(d). The auditor reviewed several annual reports and did not identify any information that personally identified any inmate. The PREA coordinator confirmed that any reports written and posted to their website would only contain aggregated sexual abuse data. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (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

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ 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.

The following evidence was analyzed in making the compliance determination:

- Documents: (*Policies, directives, forms, files, records, etc.*)

- a. GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.
 - b. Investigations files
2. Interviews:
- a. PREA coordinator

Findings (by provision):

115.89(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy states, “All PREA data shall be securely stored and only accessible to the PREA Coordinator and Command staff that has a justifiable need to access the data. All PREA data shall be maintained for as long as the alleged abuser is incarcerated or employed, plus ten (10) years, unless federal, state, or local law requires otherwise.”

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. She provided the auditor access to her office, where the sexual abuse data is secured electronically and maintained for at least ten years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(b). 115.89(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy requires the agency to make the aggregated sexual abuse data available through its website.

The auditor reviewed the agency’s website and found the agency’s annual report posted on the page dedicated to the Prison Rape Elimination Act. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(c). The auditor reviewed annual reports for 2019 and 2020 and did not identify any information that personally identified any inmate. The PREA coordinator confirmed that any reports written and posted to their website would only contain unidentified aggregated sexual abuse data information. The policy also places limitations upon redactions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(d). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy mandates, “All PREA data shall be maintained for as long as the alleged abuser is incarcerated or employed, plus ten (10) years, unless federal, state, or local law requires otherwise.”

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. She provided the auditor access to her workstation, where the sexual abuse data is secured electronically and maintained for at least ten years. Based on this analysis, the auditor finds the facility in compliance with this provision.

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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

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 inmates 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. Agency website
2. Interviews:
 - a. PREA coordinator

Findings (by provision):

115.401(a). The facility was audited three years ago (12/31/2018) (Based on this analysis, the auditor finds the facility complies with this provision.

115.401(b). This is the third year of the second PREA audit cycle. This audit will be completed before the end of the third cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(h). During the onsite phase of the audit, the auditor was allowed to complete a full site review. This included full access to all facility areas, so the auditor could assess all operations and talk with staff and inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(m). During the onsite phase of the audit, the auditor requested to interview 34 inmates. The facility provided a private room for the auditor to meet with each inmate for the interview without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(n). The facility posted the required audit notice in every housing unit, printed in two languages. The notices were also seen in the booking, intake areas, and facility hallways. The audit notice included the auditor's contact information and explained how to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.

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 agency has published on its agency website, if it has one, or 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. Agency website
2. Interviews:
 - a. PREA coordinator

Findings (by provision):

115.403(f). Previous facility audits are posted on the department's website. The auditor confirmed with the PREA Coordinator the requirement to publish this completed audit report on the agency website. The report will be posted to the website after receiving it. Based on this analysis, the auditor finds the facility in compliance 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 inmate 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.

Douglas E. Simpson

December 31, 2021

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.