

PREA Facility Audit Report: Final

Name of Facility: McHenry County Adult Corrections Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/11/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Douglas E. Simpson	Date of Signature: 04/11/2024

AUDITOR INFORMATION	
Auditor name:	Simpson, Douglas
Email:	doug.simpson@kenoshacounty.org
Start Date of On-Site Audit:	02/27/2024
End Date of On-Site Audit:	02/29/2024

FACILITY INFORMATION	
Facility name:	McHenry County Adult Corrections Facility
Facility physical address:	2200 N. Seminary Ave, Woodstock, Illinois - 60098
Facility mailing address:	

Primary Contact

Name:	Sharon Zenk
Email Address:	sazenk@mchenrycountyil.gov
Telephone Number:	815-334-4823

Warden/Jail Administrator/Sheriff/Director	
Name:	Ryan Sciamé
Email Address:	RJSciamé@mchenrycountyil.gov
Telephone Number:	815-334-4715

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Nicholas Fontana
Email Address:	NFontana@Wellpath.us
Telephone Number:	815-334-4911

Facility Characteristics	
Designed facility capacity:	650
Current population of facility:	321
Average daily population for the past 12 months:	216
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	18-76
Facility security levels/inmate custody levels:	County Level 1, 2, 3
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	182
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:	395

AGENCY INFORMATION	
Name of agency:	McHenry County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	2200 North Seminary Avenue, Woodstock, Illinois - 60098
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Sharon Zenk	Email Address:	sazenk@mchenrycountyil.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-02-27
2. End date of the onsite portion of the audit:	2024-02-29

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Kelly Klein BSN CEN TNS SCR N SANE A PA SANE NM North/Northwest Region SANE/SAFE Coordinator

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	650
15. Average daily population for the past 12 months:	216
16. Number of inmate/resident/detainee housing units:	20
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	338
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>182</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>395</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>33</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>18</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>To ensure a comprehensive understanding of the experiences within the facility, the auditor prioritized recruiting a diverse interviewee sample. This involved actively seeking participants from various backgrounds, including:</p> <ul style="list-style-type: none"> • A range of age groups • Different racial and ethnic backgrounds • Individuals at various stages of their stay, from recent arrivals to those nearing release • Those housed in different security levels or unit types • Representation from all genders <p>The auditor employed several strategies to achieve this diversity. These included collaboration with facility staff to identify potential participants and tailoring recruitment materials to resonate with different demographic groups. By prioritizing demographic diversity, the auditor aimed to create a representative sample that strengthened the generalizability and validity of the findings.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with security, medical, administration, and inmates corroborated that there were no inmates that fell under this targeted category.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>In checking detailed records with the PREA Coordinator and corroborating records and investigations with current inmate rosters, the auditor was able to verify that no known inmates that fit this category were in custody at the time of the audit. Additionally, the inmate population was down substantially as compared to prior years. Inmates reported no known instances of sexual abuse.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This information was corroborated by checking segregated housing reports, classification screening tools, conversations with the PREA Coordinator, staff and inmates, reviewing policies and procedures.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor tested the functionality and security of the facility's reporting systems, which include:</p> <p>Public Reporting: The auditor evaluated both the telephonic and electronic reporting systems available to the public. This testing ensured these systems function properly and allow for the easy submission of reports by the public.</p> <p>Inmate Reporting: The auditor examined the various methods available for inmates to submit reports, including telephone hotlines, electronic submissions, and written reports. This assessment verified that inmates have multiple avenues for reporting concerns and that these channels are secure.</p> <p>Confidentiality: The auditor reviewed the controls in place to safeguard the confidentiality of reported information. This included evaluating measures taken to protect the identity of those submitting reports and to prevent unauthorized access to reported information.</p> <p>The auditor's testing aimed to ensure that the reporting systems function as intended and provide a secure mechanism for the public and inmates to submit reports.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	13	0	13	0
Staff-on-inmate sexual abuse	13	2	13	2
Total	26	2	26	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	13	0	13	0
Staff-on-inmate sexual harassment	22	0	22	0
Total	35	0	35	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

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

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	5	4	1
Staff-on-inmate sexual harassment	0	4	1	0
Total	0	9	5	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The compliance determination was made based on an analysis of the following evidence:</p> <ul style="list-style-type: none"> • Evidence Reviewed: • Documents:General <ul style="list-style-type: none"> ◦ Order (G.O.) 3.4.5-03: Sexual Abuse/Assault & Sexual Harassment Prevention & Intervention Program ◦ Corrections Operations Organizational Chart • Interviews:PREA Coordinator <p>Findings:</p> <p>115.11(a) - Written Policy</p> <p>The McHenry County Adult Detention Facility demonstrates compliance with this provision by having a comprehensive written policy, General Order (G.O.) 3.4.5-03.</p>

	<p>This policy mandates zero tolerance for sexual abuse and harassment. It outlines the facility's approach to preventing, detecting, and responding to sexual assault incidents. Additionally, the policy defines sexual abuse and harassment consistent with PREA standards and details sanctions for those who violate them.</p> <p>115.11(b) - PREA Coordinator</p> <p>The agency is in compliance with this provision by designating a facility-wide PREA coordinator. The organizational chart confirms the coordinator reports directly to a Lieutenant in the Detentions Division. This Lieutenant reports to the Division Chief, who then reports to the Sheriff. Interviews with the coordinator verified she has sufficient time for her PREA duties despite other responsibilities. She also has direct access to the Division Chief, who can escalate PREA issues to the Sheriff.</p> <p>115.11(c) - Multiple Facilities</p> <p>This provision is not applicable as the agency operates only one facility.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The compliance determination was made based on an analysis of the following evidence:</p> <p>Evidence Reviewed:</p> <ul style="list-style-type: none"> • Interviews: <ul style="list-style-type: none"> ◦ Agency Contract Administrator <p>Findings:</p> <p>115.12(a) & (b) - Contracting with Other Entities</p> <p>As the agency does not house inmates in any facilities other than their own, compliance with sections 115.12(a) and (b) regarding contracting with outside entities is not applicable.</p>

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

The compliance determination was made based on an analysis of the following evidence:

Evidence Reviewed:

- Documents (Policies, directives, forms, files, records, etc.)G.O. 3.4.5-03 – Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program
- G.O. 3.2.3-02 – SECURITY & SUPERVISION
- McHenry County Adult Correctional Facility Staffing Plan
- Housing Event Logs
- Meeting Notes

Interviews:

- PREA Coordinator
- Agency Head
- Random Inmates (18)
- Random Staff (14)
- Specialized Staff

Site Review Observations:

- Control room (video monitoring)
- Supervisor's Office
- Housing units
- Kitchen
- Health services

Findings (by provision):

115.13(a) - Staffing Plan

The McHenry County Adult Correctional Facility 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:

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.

Provision 115.13(a)(2) - Any Judicial Findings of Inadequacy: The Correctional Facility states that there are no such findings.

Provision 115.13(a)(3) - Any Findings of Inadequacy from Federal Investigative Agencies: The Correctional Facility states that there are no such findings.

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 an American Correctional Association accredited facility.

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.

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.

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.

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.

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.

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.

115.13(a)(11) - Any Other Relevant Factors

The staffing plan, as reviewed, did not identify any other relevant factors that could affect its effectiveness. This aligns with the auditor's observations during the site visit.

Overall Staffing and Facility Review

The facility's overall staffing appears consistent with accepted practices and standards set by the Illinois Department of Corrections (IL DOC).

No areas within the facility were identified as potential blind spots during the review. All areas, including kitchens, laundry facilities, medical and mental health units, and all housing units, were examined.

Video Monitoring

There are visible cameras throughout the facility, and their placement suggests a thorough review to address potential safety concerns.
Active video monitoring was observed in the control room, indicating comprehensive coverage in all areas.

Supervisory Coverage

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.

Work Programs and Positive Behavior

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 observed positive behavior, suggesting the work program contributes to a well-managed environment. This supports the staffing plan regarding ample staff availability.

Management Commitment

The auditor interviewed the Division Chief, the acting agency head, who confirmed the existence of a written staffing plan with regular reviews to ensure adequate staffing for preventing, detecting and responding 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.

Overall Compliance

Based on this analysis, the auditor finds the facility in compliance with Provision 115.13(a)(11).

Findings for Provisions 115.13(b)-(d)

115.13(b) - Deviations from Staffing Plan

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) - Staffing Plan Review

The staffing plan provided was written within the last 12 months. The PREA coordinator provided documentation that this section was reviewed in January of 2023 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) - Unannounced Rounds

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 18 random inmates, each inmate clearly stated they often see supervisors in the housing units. During interviews with 14 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.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The compliance determination was based on an analysis of the following evidence:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Policies, directives, forms, files, records, etc. • Agency Provided Statements • Illinois State Statute <p>Interviews:</p> <ul style="list-style-type: none"> • Specialized staff

	<ul style="list-style-type: none"> • Targeted inmates • Random inmates • Site Review Observations: <p>Housing Units</p> <ul style="list-style-type: none"> • Inmate Roster <p>Findings (by provision):</p> <p>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) provided by the agency, which supported the claim that no youthful offenders are housed in the facility. Inmate rosters were cross-checked and found to contain no youthful offenders. Additionally, through random and specialized staff and inmate interviews, it was confirmed that no youthful inmates were housed within the facility. Based on this comprehensive analysis, the auditor concludes that the facility is in compliance with this provision.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The compliance determination involved an analysis of the following evidence:</p> <p>Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • GO - 3.3.1-10 SEARCHES OF DETAINEES/INMATES • GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM • GO - 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES • Agency provided Statement of Fact • Training curriculum • Training records • Housing logs • Illinois County Jail Standards (Illinois Administrative Code, Title 20 Chapter 1, Subchapter f, Part 701, Section 701.40) <p>Interviews:</p> <ul style="list-style-type: none"> • Specialized staff • Targeted inmates

- Random inmates

Site Review Observations:

- Body Scanner, Control rooms (electronic monitoring)
- Search / Change room
- Bathrooms and shower areas
- Housing units
- Medical services

Findings (by provision):

115.15(a): The facility adheres to the policy outlined in GO - 3.3.1-10 SEARCHES OF DETAINEES/INMATES. This document clearly outlines the procedures for inmate searches, including restrictions on cross-gender strip searches and body cavity searches, which are only conducted by medical staff at a hospital. The facility prohibits cross-gender searches, as confirmed by inmate interviews and observations during the site review. The facility's body scanner utilizes technology and provides images like an x-ray with no discernable prohibited body parts visible. Based on this analysis, the auditor finds the facility compliant.

115.15(b): The facility ensures that all pat-down searches of female inmates are conducted by female officers, except in exigent circumstances. This practice was confirmed through interviews with staff and inmates. Female inmates stated that they were only searched by female staff members, demonstrating compliance with this provision.

115.15(c): The facility reported zero cross-gender searches in the previous 12-month period, as per the policy requiring incident reports for such searches. This practice aligns with the standard, indicating compliance.

115.15(d): The facility maintains privacy for inmates, as mandated. During the site review, privacy measures were observed in all areas, including showers and restrooms. Officers consistently announced their entry into housing units, ensuring inmate awareness and comfort. Inmate interviews and staff feedback further confirmed compliance with this provision.

115.15(e): The facility follows the policy outlined in GO - 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES, which prohibits security staff from determining an inmate's gender through visual inspection. Staff awareness of this policy was confirmed through interviews, and compliance was evidenced by the respectful treatment of transgender inmates.

115.15(f): The facility provides training to security staff on conducting searches of transgender and intersex inmates professionally and respectfully. Training records confirm staff completion, and interviews with staff affirm understanding and adherence to the policy. Compliance with this provision is demonstrated.

Overall, the facility is found to be in compliance with the specified provisions based

on the comprehensive analysis conducted.

115.16

Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

The compliance determination was based on an analysis of the following evidence:

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

- GO - 3.4.5-02 DETAINEES/INMATES WITH DISABILITIES
- GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
- Language Line Information
- Inmate Handbook
- PREA Orientation Video

Interviews:

- Agency head
- Targeted inmates
- Random inmates

Site Review Observations:

- Postings in housing units
- Medical housing
- Inmate educational materials

Findings (by provision):

115.16(a): The facility 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. These policies ensure that detainees/inmates with disabilities have equal access to all services, programs, and activities, in compliance with the Americans with Disabilities Act and American Correctional Association standards. Staff are directed to utilize interpreter services for inmates who are not proficient in English, blind, deaf, or require other interpretation services. The auditor found bilingual inmates who comprehended PREA procedures, and signage was posted in English and Spanish. Blind and deaf inmates were accommodated with appropriate materials and videos with closed captioning. Targeted inmates, including those with disabilities, demonstrated understanding of

	<p>PREA procedures and felt secure. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.16(b): The policy mandates that staff take reasonable steps to prevent, detect, and respond to sexual abuse and harassment for Limited English Proficient (LEP) detainees/inmates. Interpreter services are utilized for LEP inmates, and materials are available in English and Spanish. The auditor successfully communicated with Spanish-speaking inmates using a language line, confirming their understanding of PREA procedures. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.16(c): The facility prohibits the use of inmate interpreters, ensuring safety and accuracy in communication. Staff and inmates affirmed that inmate interpreters are not utilized, and instead, a language line is employed for translation needs. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The compliance determination was established through an analysis of the following evidence:</p> <p>Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • GO - 3.1.3-01 EMPLOYMENT STATUS • GO - 1.5.00 STANDARDS OF CONDUCT • McHenry County Work Rules • Employment Application • Internal Affairs Background Investigation Checklist • Employment records <p>Interviews:</p> <ul style="list-style-type: none"> • Specialized staff <p>Findings (by provision):</p> <p>115.17(a): The auditor was provided GO - 3.1.3-01 EMPLOYMENT STATUS, outlining the approval and screening processes for officer positions. The hiring process involves comprehensive criminal background checks, including national and state records and sex offender registries. The agency's employment application requires disclosure of prior criminal arrests, followed by a polygraph test before final employment selection. Interviews and records confirmed adherence to these procedures, ensuring</p>

	<p>individuals with a history of sexual abuse are not employed. Based on this analysis, the facility is found in compliance with this provision.</p> <p>115.17(b): Screening processes, including promotions and volunteer or contractor hires, consider sexual harassment allegations. Interviews confirmed that such allegations are thoroughly reviewed during these processes. The facility complies with this provision.</p> <p>115.17(c): The agency conducts employment history checks as part of its hiring process, verifying past corrections employment and any substantiated sexual abuse allegations. Although no instances of employment denial based on this evaluation were provided, the process complies with the standard.</p> <p>115.17(d): Background checks are conducted for volunteers and contractors before facility access approval. This process was confirmed during interviews and documented reviews, ensuring compliance.</p> <p>115.17(e): The agency performs background checks for employees and contractors. Interviews and records demonstrated adherence to this policy for volunteers as well.</p> <p>115.17(f): The agency's employment application and standards of conduct require disclosure of prior misconduct, including sexual abuse and harassment allegations. Interviews confirmed the implementation of this policy, ensuring compliance.</p> <p>115.17(g): The employment application includes provisions for termination in case of providing false information. Interviews affirmed the agency's commitment to terminating employees for such actions, ensuring compliance.</p> <p>115.17(h): The employment application includes provisions for disclosing employment information to potential new employers, including sexual abuse and harassment allegations. Interviews confirmed adherence to this policy, ensuring compliance.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The compliance determination was made based on an analysis of the following evidence:</p> <p>Documents: (Policies, directives, forms, files, records, etc.)</p> <p>None</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Agency head

- PREA coordinator

Findings (by provision):

115.18(a): The McHenry County Sheriff’s Office Adult Correctional Facility has not undergone significant changes or expansions since August 20, 2012, or the last PREA audit. The auditor verified this through a review of the agency website and provided facility characteristics. Interviews with the agency head, PREA coordinator, and facility Lieutenant confirmed the absence of design changes or new acquisitions. Collaborative meetings ensure that any potential alterations are thoroughly assessed for their impact on inmate protection from sexual abuse. Based on this analysis, the auditor finds the facility compliant with this provision.

115.18(b): The facility updated its camera system in 2017, which included new computers, software, digital cameras, and monitors. Additionally, 40 digital cameras were installed in general population areas to bolster security. In 2021, a Body Scanner was introduced in the Booking area to prevent contraband from entering the facility. The PREA coordinator ensures involvement in future technology updates and reviews their impact on inmate protection. Interviews confirmed the use of video analytics for monitoring purposes. Based on this analysis, the auditor concludes that the facility is compliant with this provision.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The compliance determination was made based on an analysis of the following evidence:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO 4.1.04 CRIME SCENE PROCESSING AND EVIDENCE COLLECTION ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ Memorandum of Understanding - SART Response Team PROTOCOLS ◦ The Department of Justice’s National Protocol for Sexual Assault Medical Forensic Examination (2nd Edition) (04/2017) ◦ Additional Supporting Documentation: Emails, written statements of fact, and investigations files. • Interviews: Specialized staff. • Site Review Observations: Medical services. <p>Findings (by provision):</p> <p>115.21(a). The agency provided documents for review under this standard. These</p>

include 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, and the facility's adopted Department of Justice's National Protocol for Sexual Assault Medical Forensic Examination (2nd Edition) (04/2017), along with comprehensive supporting documentation, emails, and written statements of fact.

Responsibilities for conducting criminal sexual abuse investigations, encompassing inmate-on-inmate sexual abuse or staff sexual misconduct, fall under the MCSO Criminal Investigation Division. The Corrections Intel Unit handles internal administrative investigations.

The GO 4.1.04 CRIME SCENE PROCESSING AND EVIDENCE COLLECTION policy mandates a uniform evidence collection protocol, aligning with ACA and National Protocol for Sexual Assault Medical Forensic Examination standards.

The Memorandum of Understanding (MOU) from the SART Response Team outlines protocols, detailing agreements for investigating sexual abuse within the Detention Facility, encompassing evidence collection and preservation.

During the onsite audit phase, an investigator from the investigative team informed the auditor that evidence collection and processing adhere to standardized protocols used across all crime scenes. These protocols are applied to all evidence collection related to criminal and administrative investigations within the County, consistent with the National Protocol for Sexual Assault Medical Forensic Examinations. Northwestern representatives collaborate in these investigations, providing a sexual assault nurse examiner (SANE) and a victim advocate for conducting the sexual assault examination and offering emotional support to the victim. The auditor concludes that the facility is compliant with this provision based on the analysis.

115.21(b). There are no youthful offenders held at this facility. During the onsite audit phase, an investigator from the corrections division was interviewed by the auditor. It was clarified that investigations of sexual abuse within the facility mirror those conducted in the community by Detectives. The investigator affirmed that Detectives follow uniform protocols for evidence collection and processing, consistent with those used at all crime scenes. These protocols extend to all criminal and administrative investigations countywide and adhere to the National Protocol for Sexual Assault Medical Forensic Examinations. Consequently, the auditor concludes that the facility is in compliance with this provision.

115.21(c). The facility furnished the GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, outlining clear procedures for victims of sexual abuse. According to the policy, all victims are guaranteed access to forensic medical examinations, which are provided at no financial cost to them.

During the onsite audit phase, the auditor met with the PREA Coordinator. It was affirmed that all forensic examinations for sexual abuse victims in McHenry County

are conducted at designated facilities such as Northwestern (Preferred), (Centegra) McHenry, Woodstock, or Huntley, which are all associated Northwestern facilities and serve as rape crisis centers, with onsite involvement by the CARE center. Pursuant to the MOU, a SANE nurse and victim advocate respond to one of these facilities to conduct the forensic examination. In cases where a SANE professional is unavailable, a qualified medical practitioner carries out the exam.

In the pre-audit phase, the auditor interviewed the program director at Northwestern, who confirmed the agreement outlined in the 2023 MOU. Northwestern commits to providing a victim advocate to the Detention Facility for any victim within the community, in coordination with the Sheriff's Office. It was further affirmed by the PREA coordinator that the forensic examinations take place offsite at medical facilities, with no financial burden on the inmate victim.

Upon review of investigation files, no assault allegations with accompanying forensic examinations were found. Consequently, the auditor concludes that the facility is compliant with this provision.

115.21(d). The facility submitted the GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM along with a Memorandum of Understanding - SART Response Team PROTOCOLS. Documentation affirms the facility's commitment to contacting the Care Center or Northwestern CASA for victim advocate support when necessary. Both the Care Center or Northwestern CASA offer victim advocate services for inmates.

The MOU specifies that Care Center or Northwestern CASA will furnish a victim advocate, alongside a SANE nurse, if a response is warranted.

During the onsite audit phase, the PREA Coordinator confirmed that Northwestern, the County's certified rape crisis center, is the preferred site for all forensic examinations of sexual abuse victims in McHenry County. A SANE nurse is always available on call, and their standard protocol includes a victim advocate accompanying the SANE nurse. As per the MOU agreement, both the SANE nurse and victim advocate respond to the hospital where the forensic examination is to take place.

In the pre-audit phase, the program director at Northwestern verified the continuation of the MOU agreement since its inception in 2017. Northwestern commits to providing a victim advocate to the Detention Facility, consistent with their response to any victim within the community, in collaboration with the Sheriff's Office.

Upon reviewing investigation files, it was found that no PREA incidents necessitated contacting a victim advocate. Consequently, the auditor concludes that the facility is compliant with this provision.

115.21(e). The facility provided the GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM and a Memorandum of Understanding - SART Response Team PROTOCOLS. This documentation confirms the facility's commitment to ensuring crisis counseling, medical and legal advocacy

	<p>services are available to victims at the hospital, facility, and courthouse. Additionally, it outlines provisions for victim rights and community referrals for follow-up support.</p> <p>During the onsite audit phase, the PREA Coordinator affirmed that Northwestern would supply a victim advocate. It was further confirmed by the PREA coordinator that the victim advocate would offer emotional support to victims throughout their incarceration. The program director at Northwestern also verified that their victim advocate would be accessible to victims upon request. Based on this assessment, the auditor concludes that the facility is compliant with this provision.</p> <p>115.21(f). Since the agency conducts sexual abuse investigations, this provision does not apply to the facility. Consequently, the auditor determines that the facility is compliant with this provision.</p> <p>115.21(g). Excluded.</p> <p>115.21(h). The agency does not utilize its staff members to provide victim advocate services. Instead, these services are provided through the agreement with Northwestern. Staff at Northwestern, serving as qualified medical providers, deliver SANE and advocacy services. Considering this arrangement, the auditor concludes that the facility is compliant with this provision.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The compliance determination was based on the following evidence:</p> <ul style="list-style-type: none"> • Documents: GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM <p>Interviews:</p> <ul style="list-style-type: none"> • Specialized staff <p>Findings (by provision):</p> <p>115.22(a). The facility provided the GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, which outlines procedures for both administrative and criminal investigations, mandating thorough investigation of incidents. During the onsite audit, the auditor examined incident</p>

	<p>reports and grievances from the preceding twelve months. No reports or grievances concerning sexual abuse or harassment were found to have been inadequately investigated. The auditor simultaneously reviewed allegations of both sexual abuse and harassment, finding that the allegations were appropriately investigated.</p> <p>Interviews were conducted with an investigator, the PREA coordinator, and the agency head, all of whom confirmed the agency's commitment to investigating all allegations of sexual abuse and harassment. Based on this comprehensive analysis, the auditor concludes that the facility is compliant with this provision.</p> <p>115.22(b). The facility furnished the GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, which stipulates the agency's obligation to conduct both criminal and administrative investigations. During the onsite audit, incident reports and grievances from the past twelve months were scrutinized. No reports or grievances concerning sexual abuse or harassment were found to have been inadequately investigated. The auditor reviewed allegations of both sexual abuse and harassment concurrently, finding that all allegations were appropriately investigated.</p> <p>Interviews were conducted with an investigator, the PREA coordinator, and the agency head, all of whom affirmed the agency's commitment to thoroughly investigating all allegations of sexual abuse and harassment. Furthermore, the auditor examined the McHenry County Sheriff's Office website, which includes a dedicated tab for PREA under the Corrections section. This page not only emphasizes the agency's zero-tolerance stance but also offers the public a platform to report instances of sexual abuse or harassment. The website elaborates on the agency's investigation procedures and practices, featuring educational videos in both English and Spanish. Additionally, all agency policies, including the PREA policy, are accessible on the website.</p> <p>Considering this comprehensive assessment, the auditor concludes that the facility is in compliance with this provision.</p> <p>115.22(c). All investigations are conducted internally by the agency and not outsourced to an external entity. Upon examination, the auditor determines that the facility is in compliance with this provision.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.)</p>

- GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
- Training curriculum
- Training logs/records
- Other Supporting Documentation (Statements of Fact)

Interviews:

- PREA coordinator
- Random staff

115.31(a). The facility provided a copy of its Sexual Abuse/Assault & Sexual Harassment Prevention & Intervention Program (4.5-03). Since the implementation of PREA, staff have been trained in PREA and certified by the State of Illinois. New staff are trained in PREA before assuming duties in the facility.

The provided policy states that all staff members receive documented annual training that 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 was produced by the PREA coordinator and delivered by the agency's Corrections training department. Staff receive continuing updates and training bulletins online. Training logs provided covered the last three years. Records showed the completion date of the annual sexual abuse and sexual harassment training and continued online training.

During the on-site phase of the audit, the auditor interviewed 14 random staff members and spoke informally with several others. Each interviewee indicated that they received PREA education before beginning work in the secure facility, or, for longer-term employees, had received training when PREA first started being implemented. All interviewees confirmed that their training included the ten points required under this standard and that they were conversant on the topic. The auditor was advised that staff receive annual refresher training, take additional training online, sign off to acknowledge 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 audit finds the facility in compliance with this provision.

115.31(b). As the Detention Facility houses both male and female inmates, staff training is standardized. Therefore, additional training specific to inmate gender is not required. Furthermore, since the agency manages only one facility, there's no need to develop training programs for facilities with different inmate populations. Based on this assessment, the facility meets the requirements of this provision.

115.31(c). All employees have completed the PREA training mandated by the standard. Refresher training occurs annually, supplemented by ongoing online

	<p>updates and training bulletins. Training completion is documented in employee records, whether conducted in a classroom setting or online.</p> <p>During the on-site audit, the auditor interviewed 14 randomly selected staff members and informally spoke with several others. All interviewees who were hired after PREA implementation indicated they received PREA education before starting work in the secure facility. Everyone interviewed confirmed their training covered the ten points required under this standard.</p> <p>The auditor was informed that staff receive annual refresher training, take additional online training, acknowledge completion or attendance by signing off, and digitally acknowledge receipt and understanding of new updates, policies, and bulletins. The auditor reviewed training records provided by the PREA Coordinator for ten randomly selected staff members and confirmed training completion for all. Based on this review, the audit finds the facility in compliance with this provision.</p> <p>115.31(d). The facility ensures that staff acknowledge, in writing or electronically, their understanding and commitment to complying with the training materials covered in all annual classroom training and online PREA courses. Training records provided during the pre-onsite audit phase support this practice. Based on this review, the audit finds the facility in compliance with this provision.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Training logs/records • Orientation Materials • Other Supporting Documentation (Statements of Fact) <p>Interviews:</p> <ul style="list-style-type: none"> • Specialized staff <p>115.32(a). The facility provided training documentation for volunteers and contractors. All volunteers and contractors must complete documented orientation and training before facility access. This training covers sexual abuse/assault awareness, prevention, response, and reporting procedures under PREA. During the</p>

on-site audit, the auditor interviewed contractors. The interviewed contractors confirmed completing the orientation program before facility access. The orientation included education on sexual abuse and sexual harassment, reporting procedures, and rules to avoid physical contact with inmates. They also confirmed annual refresher training requirements through both the facility and their employer. The auditor engaged in extended discussions with the PREA Coordinator and Administration regarding volunteer background checks and training processes. Based on this review, the audit 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 on-site phase of the audit, the auditor interviewed contractors, but no volunteers were available. The interviewed contractors confirmed completing 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 samples t include volunteers. The auditor engaged in extended discussions with the PREA Coordinator and Administration regarding volunteer training processes. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(c). The agency provided training logs to the auditor. The training process for contractors and volunteers requires written proof (handwritten or digital) that the volunteer or contractor has completed the necessary orientation material, including the PREA education, and understood the training they received. During the on-site phase of the audit, the auditor interviewed contractors, but no volunteers were available. Contractors confirmed completing 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.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM • McHenry County Sheriff's Office Inmate Handbook

- Various Postings and Sexual Assault Prevention and Reporting Brochures
- PREA Video

Interviews:

- Specialized staff
- Random staff
- Random inmates

Site Review Observations:

- Housing units

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 he 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 18 random inmates during the onsite phase of the audit. 17 of 18 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 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 provided to inmates upon intake includes showing an internally produced PREA education video. This video offers the mandated education for inmates housed for 30 days or more, and its content aligns 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 18 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 a component of the intake process. Based on this analysis, the auditor finds the facility in compliance with this provision.

15.33(c). The facility ensures all inmates receive PREA education during both intake and orientation. The PREA coordinator explained that all inmates undergo initial PREA education upon intake. Additionally, they view a comprehensive PREA video daily. The facility has a system in place to ensure all inmates receive this training within thirty (30) days of intake, even if they don't receive it during the initial intake session. This is achieved by broadcasting a PREA Inmate Education Video daily in all housing sections. Since the agency has no additional facilities, further PREA education upon transfer is not required. Based on this information, the auditor finds the facility in compliance with this provision.

115.33(d). The facility adheres to GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, which mandates accessible PREA education formats for all inmates. To meet this requirement, the facility offers a variety of resources.

Available Formats:

- Video: The facility plays a daily inmate video in English and Spanish. A sign language version is readily available upon request. The video includes closed captioning in both English and Spanish.
- Signage: Posters displayed throughout housing units and other locations provide information in English and Spanish regarding inmate rights. These rights include freedom from sexual abuse/harassment, freedom from retaliation for reporting, and the agency's commitment to proper response.
- Handbook: Inmates receive the McHenry County Sheriff's Office Inmate Handbook, additionally available in Spanish for those who require it.
- Language Line: The facility has access to a language line service for additional language support.
- American Sign Language (ASL) Interpreters: Documented access to ASL

interpreters ensures services for deaf or hard-of-hearing inmates.

Verification of Accessibility:

The auditor tested the language line during the on-site visit. Interviews with Spanish-speaking inmates confirmed access to Spanish language education materials. A hard-of-hearing inmate interviewed demonstrated understanding of basic PREA information.

Based on this comprehensive review, the auditor finds the facility in compliance with this provision.

115.33(e). The facility provided documentation demonstrating that officers document the daily showings of the PREA educational video in housing section activity logs. Inmates sign a form acknowledging receipt of the McHenry County Sheriff's Office Inmate Handbook, which includes PREA guidelines and educational information. During classification, inmates acknowledge receipt and understanding of the handbook information. This documentation is sufficient to support that inmates receive the required PREA education. Based on this comprehensive review, the auditor finds the facility in compliance with this provision.

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

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none">• GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM• Training Itineraries, Course Outlines• Statements of Fact

- Training records

Interviews:

- Specialized staff

115.34(a). The facility's policy, GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, mandates specialized training for staff responsible for conducting sexual abuse investigations. This training covers techniques for interviewing victims, evidence collection, and criteria for administrative or prosecutorial actions. Investigators from the McHenry County Sheriff's Office (MCSO) Criminal Investigations Division handle sexual abuse investigations within the Corrections Division.

The auditor reviewed training records and course outlines demonstrating investigators' attendance at the "PREA: Investigating Sexual Abuse in a Confinement Setting" course provided by the National Institute of Corrections (NIC). This curriculum is familiar to the auditor and addresses all four points required by the standard. An investigator interviewed during the on-site audit confirmed successful completion of the NIC course. Training records showed multiple employees, across various ranks, had completed the NIC course, some participants attending multiple times over several years. Based on this comprehensive review, the auditor finds the facility in compliance with this provision.

115.34(b). The facility provided training records and certificates for several detectives from the Criminal Investigations Division. The training, "PREA: Investigating Sexual Abuse in a Confinement Setting," was provided by the National Institute of Corrections (NIC). As previously mentioned, this curriculum covers the four required points of the standard. An investigator interviewed during the on-site audit confirmed attending and successfully receiving a certificate from the NIC course. Training records verification revealed that multiple employees, across 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 documented proof (written records) that various agency employees, including supervisors of investigators, have completed the online training class. Based on this information, the auditor finds the facility in compliance with this provision.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

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

- GO - 3.1.4-01 TRAINING & STAFF DEVELOPMENT
- Contract Provider Policy (WellPath) HCD-100_F-06 Response to Sexual Abuse
- Training logs

Interviews:

- Specialized staff

115.35(a). The facility utilizes a two-pronged approach to ensure all medical and mental health staff receive PREA training that addresses the four key points outlined in the standard. The WellPath Contract Provider Policy (HCD-100_F-06 Response to Sexual Abuse) mandates PREA training for all WellPath staff. This training serves as an adjunct to the facility's initial and ongoing training programs. Additionally, Facility Policy (GO - 3.1.4-01 TRAINING & STAFF DEVELOPMENT) requires PREA training for medical and mental health staff, covering the same four points as the standard. The auditor reviewed the WellPath policy (HCD-100_F-06 Response to Sexual Abuse). During the on-site audit, the medical director confirmed that WellPath provides initial orientation with basic and specialized PREA education to all new staff. Interviews with three medical unit staff members (one informal and two specialized interviews) confirmed they received PREA education and specialized medical training directly from WellPath. The facility's orientation program includes the required points from the standard, with additional annual refresher updates and online bulletins. Based on this comprehensive review, 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.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- Documents: (Policies, directives, forms, files, records, etc.)
 - GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - McHenry County Policy Manual
 - Receiving Screening Forms
 - Classification Screening Checklist
 - Medical Screening records

- Interviews:
 - Specialized staff
 - Random inmates

- Site Review Observations:
 - Intake/Booking
 - Classification

115.41(a). The facility provided a copy of GO - 3.4.5-03, the SEXUAL ABUSE/ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy mandates that all inmates undergo screening during the intake process to assess their risk of sexual abuse by other inmates or their potential to be sexually abusive towards others. The auditor reviewed the PREA screening questions used during intake, as well as the classification screening process and its associated questions. These processes are employed to conduct risk screening. Additionally, the auditor examined the completed screening documentation for randomly selected inmates.

During the on-site audit phase, the auditor met with intake staff and reviewed the initial inmate screening procedures. The intake officer performs the first steps of this screening. The auditor also examined the questions and screening processes employed by nurses and classification staff during subsequent stages. The intake staff, nurses, and classification staff all confirmed that this screening is completed for every new inmate upon entering the facility. The auditor interviewed 18 randomly selected inmates, and all but two inmates recalled being asked specific questions during the intake process. One inmate wasn't cooperative with the line of questions, and another had been in custody so long that he didn't recall the booking process. This facility houses inmates in a single building. Based on this analysis, the auditor

finds the facility in compliance with this provision.

115.41(b). The facility provided a copy of GO - 3.4.5-03, the SEXUAL ABUSE/ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy dictates that "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." During the preceding twelve months before the audit, a total of 1383 inmates with a stay of 72 hours or more were admitted to the facility. Classification screening was documented for all these inmates. Ten inmate files, including the screening forms, were reviewed by the auditor during the on-site phase. Each reviewed document was completed within the first two days of the inmate's arrival at the facility. Interviews with intake, classification, and health staff confirmed that screening for all inmates commences upon arrival and is finalized within the first two days. Additionally, the auditor interviewed 18 random inmates, and all but one reported undergoing this process on the first or second day after arriving at the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(c). The facility provided the Wellpath screening tool for auditor review. The tool utilizes a standardized question format requiring simple yes/no answers, eliminating opportunities for subjective responses. This objective approach ensures consistent scoring to assess potential victimization or predatory behavior. 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, which incorporates all criteria outlined in standard 115.41(d). Additionally, the tool allows space for screeners to document observations concerning the inmate's vulnerability based on their interactions. During the on-site audit, classification staff confirmed verbally addressing all questions on the tool during inmate interviews. They are encouraged to include comments based on their observations regarding safety and vulnerability during these conversations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(e). The provided screening tool incorporates a dedicated section for the screener to document prior acts of sexual abuse, prior convictions for violent offenses, and history of past institutional violence or sexual abuse. These factors are reviewed during the evaluation process to assess risk. Additionally, the tool allows space for comments based on the screener's observations regarding the inmate's vulnerability. It also inquires about the inmate's perceived sense of safety within the facility. By incorporating these elements, the objective screening tool comprehensively addresses all required items outlined in the standard.

During the on-site audit, interviews with classification staff confirmed that the screening tool addresses an inmate's prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The audit revealed a multi-step screening process beginning with the intake officer, followed by the intake nurse. Classification staff then finalize the screening through direct

interviews with each inmate. This approach, staff explained, is crucial to ensure potential predators are not housed with vulnerable inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). The facility provided a copy of GO - 3.4.5-03, the SEXUAL ABUSE/ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy mandates that "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 provided screening tool includes a dedicated section for staff to complete during this mandatory reassessment.

During the on-site audit, classification staff confirmed that inmate risk is reassessed within the 30-day timeframe. The auditor reviewed completed screening forms for current inmates, verifying completion within the allotted time. Additionally, the facility provided completed forms from other inmates. Staff explained that the reassessment typically occurs during the inmate's intake medical history and physical, conducted by medical staff in conjunction with classification staff, and is usually completed within 14 days. This integrated approach helps ensure timely completion for all inmates. Interviews with 18 random inmates revealed that all but one confirmed being asked additional follow-up questions by medical and classification staff during this reassessment period. The facility reported that 9 inmates in the past year were reassessed for sexual victimization or abusiveness based on newly received relevant information. 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 18 random inmates, the inmates did recall being asked follow-up questions by medical and classification staff. The auditor reviewed a representative sample of six random investigative files during the onsite phase of the audit. Each file showed an assessment by classification of the inmates involved in the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). The facility's SEXUAL ABUSE/ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM (GO - 3.4.5-03) clearly states that inmates will not face disciplinary action for refusing to answer or for withholding information related to this standard's provisions. Classification staff confirmed during interviews that inmates are not disciplined for refusing to answer questions. While complete responses aid in safe housing placement, classification can ensure inmate safety through additional monitoring even in the absence of complete answers. Based on

this analysis, the auditor finds the facility in compliance with this provision.

115.41(i). The facility provided a copy of GO - 3.4.5-03, the SEXUAL ABUSE/ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy aligns with the standard by mandating the PREA coordinator to regularly review facility practices and ensure adherence to confidentiality protocols. Documented meetings serve as a platform for these reviews and discussions. The information obtained is used solely for classification and housing decisions. Staff training emphasizes the importance of safeguarding this information and avoiding its use to an inmate's disadvantage. Inmates are never granted access to information pertaining to other inmates at this facility. The McHenry County policy manual further reinforces confidentiality by including a dedicated clause specific to PREA (Section 3.2).

During the on-site audit, interviews with the PREA coordinator, compliance manager, and classification staff confirmed that access to screening tool information is restricted to health professionals, classification staff, the PREA coordinator, and the compliance manager. Staff explained that red PREA folders signify confidential files and investigations, and they are not granted access to these physical or electronic records. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.2-01 DETAINEE/INMATE CLASSIFICATION SYSTEM ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ GO - 3.4.2-02 TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES ◦ Intake PREA Screening documentation ◦ Classification PREA Screening documentation ◦ Screening records • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff ◦ Targeted inmates <p>115.42(a). The facility provided copies of GO - 3.4.2-01, the DETAINEE/INMATE CLASSIFICATION SYSTEM, and GO - 3.4.5-03, the SEXUAL ABUSE/ASSAULT & SEXUAL</p>

HARASSMENT PREVENTION & INTERVENTION PROGRAM. GO – 3.4.5-03 mandates that "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." This policy aligns with the standard's goal of preventing sexual abuse/assault or sexual harassment through housing decisions.

Classification plays a critical role in inmate housing, program eligibility, and overall safety at this facility. All aspects of the risk screening and classification instrument are factored into these determinations. The facility provided completed inmate screening forms for review. During the on-site audit, classification staff confirmed that housing assignments, classification decisions, and program access are all informed by the risk screening information. The auditor reviewed completed screening assessments, verifying that final housing determinations are based on this document. The PREA coordinator further confirmed the use of inmate screening for housing, classification, and program planning. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(b). The facility provided a copy of GO – 3.4.2-01, the DETAINEE/INMATE CLASSIFICATION SYSTEM. This policy emphasizes individualized consideration for all inmate housing and classification assignments, prioritizing the safety of each inmate.

During the on-site audit, classification staff confirmed their practice of reviewing each inmate's situation individually to determine the safest possible housing and classification assignments. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(c). The facility provided a copy of GO – 3.4.2-02, the TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES policy. This policy mandates a classification committee meeting within 72 hours of a transgender or gender-variant inmate's arrival to determine housing and classification assignments. The policy prioritizes the inmate's health and safety while emphasizing placement in the least restrictive setting possible.

During the on-site audit, interviews with the PREA coordinator confirmed a case-by-case review process for inmates, aligning with the policy's requirements. Classification staff also confirmed that transgender inmates' safety perceptions are considered during risk screening to determine the most suitable housing placement. Importantly, housing decisions are not solely based on genitalia. The auditor reviewed a risk screening document for a transgender inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(d). The facility provided a copy of GO – 3.4.2-02, the TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES policy. This policy mandates weekly reviews of the housing status for all transgender/gender-variant detainees/inmates by the Classification Committee. These reviews prioritize the safety of transgender and intersex inmates.

During the on-site audit, interviews with classification staff and the PREA coordinator confirmed that weekly reviews are conducted to ensure the safety of any transgender

or intersex inmate. Discussions regarding housing with these inmates were also confirmed to be part of the review process. An interview with one inmate in this category verified that regular conversations about housing occur. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). The facility provided a copy of GO - 3.4.2-02, the TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES policy. This policy requires that classification staff interview the inmate to solicit their input regarding their vulnerability to sexual abuse.

During the on-site audit, the auditor interviewed the PREA coordinator who confirmed that inmates are reviewed on a case-by-case basis, consistent with the policy. Classification staff interviews were also conducted. They confirmed that they consider transgender inmates' perceptions of safety during the risk screening process, including where they would feel safest for housing. They further clarified that housing decisions are not based solely on genitalia.

To verify this practice, the auditor interviewed a transgender inmate. The inmate reported being asked questions about their safety and their views on where they would feel most secure within the facility.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). The facility provided a copy of GO - 3.4.2-02, the TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES policy, which addresses the needs of both transgender and intersex inmates. Unlike facilities with shared shower facilities, separate showering is not a logistical concern here due to the design of the showers (individual stalls with doors and partitions). An interview with a transgender inmate currently in custody confirmed their ability to shower separately. The PREA coordinator echoed this, highlighting that separate showers are the only available option and would be provided to any transgender or intersex inmate upon request.

115.42(g). The facility provided a copy of GO - 3.4.2-02, the TRANSGENDER & GENDER-VARIANT DETAINEES/INMATES policy. This policy ensures that questions regarding an inmate's gender identity or expression are only asked for specific reasons. These reasons include protecting the inmate's confidentiality and human dignity, and preventing them from being subjected to abuse, humiliation, ridicule, or assault.

During the on-site audit, the auditor confirmed that the facility does not have any designated housing units, wings, or areas specifically for LGBT inmates. This finding was corroborated through interviews with both a transgender inmate and the PREA coordinator. The interviewed inmate described their housing options and personal housing history, which did not involve placement in a housing unit designated for LGBT inmates.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- Documents: (Policies, directives, forms, files, records, etc.)
 - GO - 3.3.4-04 PROTECTIVE CUSTODY OPERATIONS
 - GO - 3.3.4-02 ADMINISTRATIVE SEGREGATION
 - Screening records
 - Statement of Fact

- Interviews:
 - Specialized staff
 - Targeted inmates

- Site Review Observations:
 - Segregated housing units

Findings (by provision):

115.43(a). The facility provided a copy of GO - 3.3.4-04, PROTECTIVE CUSTODY OPERATIONS. This policy adheres to the standard's requirement by prohibiting involuntary segregated housing for high-risk inmates unless all available alternatives for separation from potential abusers have been exhausted. The facility reported no instances of inmates at risk of sexual victimization being held in involuntary segregated housing for assessment purposes within the past year. This finding was corroborated during the on-site audit, where no inmates in segregation were identified as high-risk for sexual abuse. Interviews with both the agency head and classification manager confirmed the facility's policy against involuntary segregation for safety reasons. They clarified that inmates may request protective custody for safety concerns, and approved placements are documented accordingly. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(b). The facility provided a copy of GO - 3.3.4-04, PROTECTIVE CUSTODY OPERATIONS. This policy aligns with the standard by mandating access to programs and services for inmates in protective custody, replicating offerings available to the general population. Limitations on these services require documented justification. During the on-site audit, interviews with staff confirmed that inmates in segregated housing have full access to programs and services. Inmates interviewed

in segregation also reported access to mail, visitation, programs, and commissary. While there were no high-risk inmates in involuntary segregated housing at the time of the audit, the auditor verified inmate access to telephones and mailboxes within the segregated housing units during the site review. The PREA coordinator also confirmed the facility's limited use of segregation, employing it only as a last resort. Based on the available information and observations, the auditor finds the facility in compliance with this provision regarding general access to programs and services for inmates in protective custody.

115.43(c). The facility provided a copy of GO - 3.4.5-03, SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy aligns with the standard's intent by allowing involuntary administrative segregation for high-risk inmates for a maximum of 24 hours for assessment purposes. This timeframe falls well below the standard's 30-day limit.

During the on-site audit, interviews with classification staff, the PREA coordinator, and the agency head confirmed that weekly reviews are conducted for all inmates in segregation to determine continued need for placement or potential alternative housing options. Informal interviews with the inmates currently housed in segregation revealed no involuntary placements based on sexual victimization risk. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(d). Facility policies, as evidenced by GO - 3.4.5-03, SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, clearly outline the requirement to document involuntary segregation. However, during the on-site audit, the auditor was not presented with documentation for involuntary segregation placements due to the facility not having any instances of involuntary segregation in the past twelve months. The PREA coordinator confirmed that the facility would document the justification for involuntary segregation, including the safety concern and the lack of available alternative housing, if such a situation arose. While the facility's policies adhere to the standard's requirement for documentation, verification through reviewing actual documentation of involuntary segregation placements was not possible due to the absence of such placements during the audit period. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(e). The facility provided a copy of GO - 3.3.4-02, ADMINISTRATIVE SEGREGATION. This policy aligns with the standard by mandating regular reviews of all segregated inmates. Reviews occur weekly for the first two months and at least monthly thereafter to assess the continued need for segregation. While there were no involuntary placements in segregated housing requiring a 30-day review in the past year, the auditor reviewed the list of current segregation placements and confirmed the absence of any inmates segregated due to high sexual victimization risk. Interviews with inmates in segregation to verify the review process were not possible due to this lack of relevant cases. However, the auditor was informed about weekly meetings to discuss the status of segregated inmates and was shown documentation used for these reviews. Based on the available information, the auditor finds the facility in compliance with this provision.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- Documents: (Policies, directives, forms, files, records, etc.)
 - GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - PREA hotline reports
 - Interoffice Communication
 - Memorandum of Understanding -SART Response Team PROTOCOLS
 - McHenry County Sheriff's Office - Inmate Handbook
 - Posters / Postings
 - Interoffice Correspondence

- Interviews:
 - Random staff
 - PREA coordinator
 - Random inmates

- Site Review Observations:
 - Housing units

115.51(a). The auditor reviewed policy GO - 3.4.5-03, titled "Sexual Abuse/Assault & Sexual Harassment Prevention & Intervention Program." This policy clearly outlines multiple ways for inmates to report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or lack of responsibility.

Inmates can report abuse through various channels:

- By phone: This includes hotlines for Northwestern Medicine, and an internal reporting (PREA Compliance Manager) mechanism
- In person: Inmates can report verbally to staff members or supervisors.
- In writing: They can submit reports through the inmate kiosk via a request or grievance form.
- Through a third party: Reports can also be submitted by someone outside the facility on the inmate's behalf.

During the on-site audit, the auditor visited all housing units and confirmed that signs explaining these reporting options were posted in two languages. Interviews were

conducted with 18 randomly selected inmates. All but one inmate readily identified several methods for reporting abuse, harassment, and concerns about staff neglect or lack of responsibility. Most inmates indicated that their preferred method would be to speak directly with an officer or call the designated PREA reporting line (as advertised on the facility posters).

The auditor also interviewed 14 staff members. All staff could list at least four ways for inmates to report abuse. The auditor individually tested the external, internal, and anonymous third-party reporting mechanisms, and each worked as intended with appropriate prompt notifications and follow-up. Based on these findings, the auditor concludes that the facility is in compliance with this provision.

115.51(b) - The facility provided posters listing resources for inmates to report sexual abuse or harassment. These posters, displayed in both English and Spanish throughout all housing units, offered contact information for Northwestern Medicine, including a hotline number and written address. The auditor interviewed the PREA Coordinator, who explained the process for reporting to Northwestern Medicine. When they receive a report via hotline call or letter, they log and document the details before forwarding the information to the PREA coordinator. The posters also provided inmates with a second hotline option, an internal line specifically for PREA reporting. The auditor verified that both external hotlines were well-publicized, known to the inmates, and tested to confirm functionality. This included:

- Verifying phone functionality (dial tone, ability to make outside calls).
- Confirming listed numbers connected with the intended external reporting entities.

Anonymity of reporting was a crucial aspect. The audit confirmed that contacting external reporting entities did not require personal information, allowing inmates to remain anonymous. Discussions with phone operators confirmed their understanding of reporting procedures and their ability to forward test reports anonymously on behalf of the auditor. Additionally, the audit ensured inmates have the option to request anonymity during reporting.

Accessibility of phones for reporting was also assessed. The audit confirmed that:

- All confined individuals, including those in restricted housing, had regular access to phones.
- Reasonable accommodations were available for individuals with diverse needs (Deaf/hard-of-hearing, Blind/low vision, cognitive/functional disabilities, limited English proficiency, non-English speakers, limited reading skills).

The privacy of reporting mechanisms was reviewed, focusing on:

- Telephone privacy: The audit assessed if telephones, particularly those in medical or mental health units, provided sufficient privacy for confidential reporting.

- Call configuration: Ensuring the telephone configuration did not reveal the nature of the call, maintaining confidentiality for the reporting inmate.
- Reporting anonymity: Verification of mechanisms in place to keep the identity of the reporting inmate anonymous from facility staff and administrators.

Based on this comprehensive assessment, 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 outlines various reporting methods, including verbal and written reports. The McHenry County Sheriff's Office - Inmate Handbook indicates that anonymous reporting is accepted.

During the onsite phase of the audit, 14 random staff members were interviewed by the auditor. All staff interviewed were aware of their responsibility to accept verbal reports of abuse and promptly notify a supervisor to file the report. Additionally, each of the 18 random inmates interviewed acknowledged that they could report sexual abuse directly to any staff member. Based on this analysis, the auditor concludes that the facility is in compliance with this provision.

115.51(d). The auditor was provided an interoffice Memo dated 10/28/21. The memo directed staff on how to report incidents involving the sexual abuse or harassment of inmates privately. The memo offers a phone number, an 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 18 random staff members. All eighteen officers described various ways to report sexual abuse and sexual harassment incidents privately. Each officer said they would go directly to their immediate supervisor or the PREA Coordinator and recalled being trained on anonymous reporting. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ GO - 3.3.5-01 DETAINEE/INMATE GRIEVANCE PROCEDURES ◦ Screening records

- McHenry County Sheriff's Office Corrections Division Inmate Handbook

- Interviews:
 - Specialized staff
 - 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 enable inmates to file grievances regarding allegations of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

Additionally, there is no requirement for inmates to utilize other informal grievance processes before filing a grievance regarding sexual abuse. The facility ensures that inmates are provided 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 interacted with several staff members during the site review. Staff members were aware that inmates could file a grievance to report an allegation of sexual abuse. Grievance forms were readily accessible to all inmates through the inmate kiosk in each housing unit.

Moreover, the auditor engaged with several inmates during the site review. All inmates confirmed that they could file a grievance regarding an allegation of sexual abuse and knew how to access the inmate kiosk and locate the grievance form.

Based on this analysis, the auditor concludes that the facility is 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 specifies 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."

During the site review, the auditor conducted interviews with the PREA coordinator and her Supervising Lieutenant. 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 concludes that the facility is in compliance with this provision.

115.52(d). In GO - 3.3.5-01 Detainee/Inmate Grievance Procedures, the policy outlines the required time limits for completing the grievance response and notifications to the inmate if an extension is necessary. Specifically, the policy mandates a thirty-day timeframe for response and does not include the time permitted for the inmate to formulate an appeal in computations.

Additionally, the policy 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." During the past twelve months, the McHenry County Sheriff's Office received nine grievances alleging sexual abuse, each of which had a disposition associated with the file. Based on this analysis, the auditor concludes that the facility is in compliance with this provision.

115.52(e). In accordance with GO - 3.4.5-03 Sexual Abuse/Assault & Sexual Harassment Prevention & Intervention Program, the auditor verified that the facility accepts grievances and allegations of sexual abuse from third parties, including inmates, family members, advocates, and attorneys. The policy also respects the right of the alleged victim, the inmate, to decline the filing of a report. During the on-site audit phase, a review of completed sexual abuse investigations revealed no instances in the past twelve months where a detainee/inmate declined third-party assistance. Based on this finding, the auditor concludes that the facility is 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 grievances to be filed in an expedited manner. The policy also describes specific response timelines (initial response within 48 hours and a final resolution within 5 days) consistent with this portion of the standard, which must be documented. The auditor reviewed four 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 on an emergency or expedited basis. Therefore, the auditor could not verify the implementation of this expedited process. Based on this analysis, the auditor concludes that the facility appears to be in compliance with this provision.

115.52(g). The facility provided the inmate handbook, which clearly states that inmates will not face harassment, punishment, or disciplinary action for filing legitimate complaints in good faith. This aligns with the PREA standard. The Corrections Division confirmed that, in the past twelve months, no detainee/inmate grievance alleging sexual abuse resulted in disciplinary action against the individual for filing the grievance in bad faith. Additionally, the auditor's review of four sexual

	<p>abuse allegations from the previous year revealed no instances where inmates were disciplined for filing unfounded allegations. Based on this combined evidence, the auditor concludes that the facility is in compliance with this provision.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ Memorandum of Understanding –SART Response Team PROTOCOLS ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ McHenry County Sheriff’s Office Corrections Division Inmate Handbook ◦ Posters • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff ◦ Random inmates ◦ Targeted inmates • Site Review Observations: <ul style="list-style-type: none"> ◦ Housing units ◦ Kiosks <p>Findings (by provision):</p> <p>115.53(a). The facility provided its policy, GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM, which outlines how</p>

the Sexual Assault Response Team (SART) will collaborate with external entities to provide relevant services while ensuring confidentiality. The facility also presented the multidisciplinary team's Memorandum of Understanding (MOU) outlining SART Response Team protocols, which explicitly addresses confidentiality.

During the on-site audit, the auditor interviewed eightoon randomly selected inmates. All but one inmate explained the availability and access procedures for emotional support services. They identified signage within their housing units as the information source. The remaining inmate was not cooperative with the interview process.

The auditor verified the presence of signage in each housing unit. These signs clearly display a free internal phone number, denote external services, and provide a free external phone number and address. They present the service description, mailing address, and phone number in an easily readable format. The auditor confirmed the accuracy of this information with the Northwestern program director, who oversees the relevant services.

Based on this comprehensive review, the auditor concludes that the facility is in compliance with this provision.

115.53(b). The McHenry County Sheriff's Office Corrections Division Inmate Handbook addresses inmate communication with confidential support services. It clearly states that "These calls and correspondence are not recorded or monitored by facility staff," adhering to the PREA standard.

The facility also provided copies of posters, displayed in both English and Spanish throughout the building, that list addresses and free phone numbers for confidential support services. These posters explicitly mention the level of confidentiality afforded to such communications. Additionally, outgoing mail destined for the listed PO boxes is handled as privileged legal mail. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(c). The facility provided a copy of the multidisciplinary Memorandum of Understanding (MOU) outlining SART Response Team protocols. This MOU identifies Northwestern or one of its affiliates as the designated provider of emotional support services to inmates in need. Inmates can contact advocates at Northwestern through written communication or by phone. The MOU was most recently revised in 2023 and remains in effect in perpetuity. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ Online reporting form <p>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 https://www.mchenrysheriff.org/corrections/about-the-jail/. 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.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff ◦ Random staff <p>Findings (by provision):</p> <p>115.61(a). The facility provided policy GO - 3.4.5-03, titled "SEXUAL ABUSE/ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM." This policy requires all staff members to immediately report any knowledge or suspicion of sexual assault or harassment. Importantly, this reporting requirement applies</p>

regardless of whether the incident occurred within the facility. Staff are also obligated to report any information regarding retaliation against inmates or staff who report sexual abuse allegations, as well as any instances of staff neglect or dereliction of duty that may have contributed to such incidents or retaliation.

During the onsite audit phase, interviews were conducted with fifteen randomly selected staff members. Every single staff member interviewed clearly stated their understanding of the requirement to immediately report all allegations of sexual assault or sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(b). GO - 3.4.5-03, titled "SEXUAL ABUSE/ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM," also prohibits the release of information concerning the identity of a detainee/inmate victim reporting a sexual assault. Additionally, the facts of the report itself are limited to those who have a need-to-know basis. This ensures decisions concerning the victim's welfare can be made, and facilitates law enforcement/investigative purposes.

Random staff interviewed during the audit clearly understood the requirement to maintain confidentiality of sexual assault and sexual harassment cases. All fourteen randomly selected staff members reported that they were only allowed to discuss these cases with authorized personnel who needed the information for official reasons. 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). No youthful offenders were housed in the facility at the time of the audit. The auditor verified this by reviewing inmate rosters and interviewing a facility Sergeant and Lieutenant, who confirmed there were none. 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, requires that all allegations of sexual abuse and sexual harassment be 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. For allegations involving staff, all reports are forwarded to investigators at the MCSO Criminal Investigations Division. If the alleged abuser is a staff member, the case will be assigned to internal affairs. Based on this

	analysis, the auditor finds the facility in compliance with this provision.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff ◦ Random staff <p>Findings (by provision):</p> <p>115.62(a). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. The policy outlines procedures for screening inmates upon intake to identify those at risk of sexual victimization or abuse. These inmates may be placed in temporary protective custody until a thorough evaluation is completed.</p> <p>During the on-site audit, the auditor interviewed the PREA coordinator and the agency head. They confirmed that all staff are directed to immediately protect any inmate they believe is in imminent danger of abuse. Interviews with fifteen randomly selected staff members revealed that all understood and would react immediately in such situations.</p> <p>The auditor reviewed three sexual abuse investigations from the past twelve months. All investigations were initiated directly upon receiving the allegation. Additionally, the auditor found documentation in the files indicating that all involved inmates were immediately separated. In most cases, separate notations were made in the inmate management system. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- Documents: (Policies, directives, forms, files, records, etc.)
 - GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - Investigations files
 - Notification Reports

- Interviews:
 - Agency head
 - Specialized staff

Findings (by provision):

115.63(a). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. This policy adheres to the requirement that the Detention Facility head notify the head of the facility where the alleged sexual abuse occurred. The PREA coordinator confirmed these procedures are followed during the on-site audit.

A review of the past twelve months revealed seven allegations of detainee/inmate abuse at another facility received by the Corrections Division. In all instances, the facility contacted the other facility and documented the notification. Additionally, all inmates involved 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 a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. The policy adheres to the time frame requirement, stating notifications must be made "no later than 72 hours after receiving the allegation." The PREA coordinator confirmed during the on-site audit that the facility prioritizes these notifications, making them immediately whenever possible, but always within the 72-hour window.

As previously noted, the Corrections Division received seven allegations in the past twelve months regarding detainee/inmate abuse at another facility. The facility contacted the other facilities in all cases, documented the notifications, and referred the involved inmates 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.

	<p>115.63(d). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. The policy aligns with the provision by stating that allegations of sexual abuse received from other facilities regarding a detainee/inmate will be investigated. The agency head confirmed this process during the on-site audit. He explained that any such allegation would be immediately forwarded to the PREA coordinator to initiate an investigation, which would involve the Criminal Investigative Division. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM • Interviews: <ul style="list-style-type: none"> ◦ Targeted inmates ◦ Specialized staff ◦ Random staff <p>Findings (by provision):</p> <p>115.64(a). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. The policy section titled "Staff First Responder Duties" outlines staff responsibilities when responding to allegations of sexual abuse. The first steps involve immediately separating the alleged victim from the abuser and securing and protecting any potential crime scene. Staff are also trained to take specific actions to prevent the destruction of evidence from both the alleged victim and the suspected abuser.</p> <p>During the on-site audit, the auditor interviewed fourteen randomly selected staff members. All interviewees readily explained these initial first responder steps. Additionally, an interview with an inmate who filed a sexual abuse allegation revealed they were promptly separated from other inmates in their housing unit. The auditor reviewed investigative files and confirmed that the documented steps aligned with established procedures. It's important to note that none of the reviewed cases involved a situation where physical evidence collection was possible. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

	<p>115.64(b).</p> <p>The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. The policy outlines the steps for non-security staff who are the first responders in such situations. These staff members are required to:</p> <ul style="list-style-type: none"> • Immediately report the allegation to any security staff member for proper investigation. • Request that the alleged victim refrain from any actions that could destroy evidence. <p>During the on-site audit, the auditor spoke with several non-security staff members. All individuals readily demonstrated knowledge of these initial first responder steps. Interviews with fourteen randomly selected staff members confirmed that all staff understood the importance of these procedures to ensure inmate safety and facilitate proper investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. ◦ Memorandum of Understanding -SART Response Team PROTOCOLS • Interviews: <ul style="list-style-type: none"> ◦ Agency head <p>Findings (by provision):</p> <p>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,</p>

	<p>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 four 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.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) • GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. • Current Labor Agreement <ul style="list-style-type: none"> • Interviews: <ul style="list-style-type: none"> ◦ Agency head <p>Findings (by provision):</p> <p>115.66(a). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. This policy aligns with the provision by requiring the removal of staff, contractors, or volunteers suspected of sexual abuse/assault or sexual harassment from any duties involving detainee/inmate contact pending an investigation's outcome.</p> <p>The County of McHenry and the McHenry County Sheriff have a labor agreement with the Illinois Fraternal Order of Police Labor Council, effective from December 1, 2021 through November 30, 2024. This agreement was reviewed, and it does not contain any clauses that hinder the agency's ability to remove alleged staff sexual abusers</p>

	<p>from contact with inmates during investigations or while determining appropriate disciplinary actions.</p> <p>The agency head confirmed during the on-site audit that the collective bargaining agreement allows for paid administrative leave when necessary to fulfill the requirements of this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ Sexual abuse investigations files • Interviews: <ul style="list-style-type: none"> ◦ Targeted inmates ◦ Agency head ◦ Specialized staff <p>Findings (by provision):</p> <p>115.67(a). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. This policy adheres to the provision by outlining staff responsibilities for monitoring potential retaliation against those who report sexual abuse or harassment, or cooperate in investigations.</p> <p>The PREA Coordinator, Mental Health staff, and the SRU-Intel Officer share the responsibility of monitoring all detainees/inmates and staff who meet these criteria. During the on-site audit, the auditor interviewed the PREA Coordinator. She confirmed her role includes supervising the retaliation monitoring process and overseeing staff designated to watch for retaliation. She explained that this monitoring involves reviewing designated tools and scheduling regular meetings with inmates to assess</p>

their well-being and identify any potential concerns. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(b). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. This policy aligns with the provision by outlining protective measures for inmates and staff who report sexual abuse or harassment, or cooperate in investigations. These measures include identifying potential retaliation through monitoring and taking prompt action to address any identified threats.

The PREA coordinator confirmed the use of these measures during the on-site audit. Additionally, the agency head stated they can utilize housing changes to separate alleged victims from potential abusers as a safety measure. Interviews with inmates who had filed sexual abuse allegations revealed that they were questioned about potential retaliation after the initial investigation. No inmates who had filed sexual abuse allegations reported experiencing retaliation. The auditor's review of investigative files confirmed thorough documentation of retaliation monitoring efforts. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(c). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. This policy adheres to the provision's requirement to monitor potential retaliation for at least 90 days following a report of sexual abuse. During this period, the PREA Coordinator monitors the conduct and treatment of involved residents and staff to identify any changes that might suggest retaliation. The goal is to take prompt action to address and remedy any identified reprisals.

The PREA Coordinator confirmed during the on-site audit that she meets with inmates as needed to assess their well-being and identify any potential retaliation concerns. While no inmates reported concerns during these interviews, the auditor acknowledges the importance of maintaining a system for ongoing monitoring throughout the 90-day period. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(d). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. This policy aligns with the provision by requiring periodic status checks on inmates beyond the initial 90-day monitoring period if there are ongoing concerns about retaliation.

The PREA coordinator confirmed during the on-site audit that they conduct periodic checks on inmates to assess their safety and well-being. These checks are documented and filed within the inmates' investigation files. Interviews with inmates who filed sexual abuse allegations revealed that they were questioned about retaliation after the initial investigation. No inmates reported experiencing retaliation. The auditor's review of investigative files confirmed documentation of retaliation monitoring efforts. Based on this analysis, the auditor finds the facility in compliance with this provision.

	<p>115.67(e). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. This policy adheres to the provision by designating specific staff members to monitor for retaliation against anyone involved in reporting sexual abuse or cooperating in investigations. The policy also mandates that these designated staff members take swift action to address and remedy any identified retaliation.</p> <p>During the on-site audit, interviews with both the agency head and the PREA coordinator confirmed that the facility has a zero-tolerance policy for retaliation. They emphasized that any retaliation against inmates or staff members who report sexual abuse or participate in investigations will be met with appropriate disciplinary action.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ GO - 3.3.4-04 PROTECTIVE CUSTODY OPERATIONS • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff ◦ Targeted inmates • Site Review Observations: <ul style="list-style-type: none"> ◦ Segregated housing <p>115.68(a). The facility provided a copy of GO 3.4.5-03, Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. This policy aligns with the</p>

	<p>provision by requiring victims to be placed in the least restrictive housing option possible. The goal is to maintain, as much as practicable, the same level of privileges they had before the alleged assault.</p> <p>GO 3.3.4-04, Protective Custody Operations, also addresses situations where a detainee/inmate may refuse protective custody even if staff deems it necessary. In such cases, the policy mandates that the inmate be offered a hearing with proper notification and due process protections as outlined in General Order 3.3.3-01 on disciplinary proceedings.</p> <p>During the on-site review, the auditor interviewed classification staff and the PREA coordinator to assess compliance with this standard. Both confirmed the availability of administrative confinement to house inmates following sexual abuse allegations. Interviews with inmates who filed allegations and a review of their files provided further insight. Facility records confirm that inmates have options for alternative housing arrangements following allegations. Additionally, reviews confirmed that inmates placed in such housing undergo mandatory status reviews at regular intervals. Facility records confirm no involuntary segregations due to harassment or assault in the past twelve months. Inmates placed in administrative housing undergo mandatory status reviews every seven days. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ Memorandum of Understanding -SART Response Team PROTOCOLS ◦ Investigations files ◦ Grievance records • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff <p>Findings (by provision):</p> <p>115.71(a). The Detention Facility provided policy GO - 3.4.5-03, titled "SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM." This</p>

policy states that "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 on-site audit phase, the auditor interviewed the PREA Coordinator. The Coordinator confirmed that the Criminal Investigations Division investigates sexual abuse allegations within the corrections facility, specifically those involving physical contact between inmates. The Internal Affairs Division investigates incidents of sexual abuse between staff members and inmates.

To assess compliance with this standard, the auditor reviewed grievances submitted during the previous twelve months and PREA investigative files from the last year. This review confirmed that all allegations of sexual abuse were investigated promptly, beginning on the day the facility received notification. 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 receive 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 correctional investigators in the facility. Records review confirmed that investigators 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. 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 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 to 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. They 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. The investigator 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. 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. They confirmed that there would be a review to determine if there were any violations of policy and violations of law. The investigator 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 their final determination. They 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 their findings. 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 22 sexual abuse investigations in the last twelve months. 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 with a review of the investigative files. 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 conducts criminal and administrative investigations internally. While they do not employ outside agencies for these investigations, the auditor interviewed the PREA Coordinator. She confirmed that the facility would fully cooperate with any external investigation concerning sexual abuse or any other crime. This includes maintaining open communication channels to receive updates on the investigation's outcome. Based on this assurance, the auditor finds the facility in compliance with this provision.

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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. ◦ Investigations files • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff <p>Findings (by provision):</p> <p>115.72(a). The facility provided policy GO - 3.4.5-03 on Sexual Abuse/Assault & Sexual Harassment Prevention & Intervention. This policy clearly states that the evidentiary standard for administrative investigations uses a preponderance of the evidence, or a lower standard, to substantiate allegations of sexual abuse or assault.</p> <p>During the on-site investigation, the auditor interviewed the PREA Coordinator and an investigator. Both confirmed the preponderance of the evidence standard is applied to all sexual abuse and harassment investigations. The auditor reviewed twenty investigation files from the past twelve months and found the facility consistently applies this standard.</p> <p>Based on this review, the auditor finds the facility in compliance with this provision.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- Documents: (Policies, directives, forms, files, records, etc.)
 - GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM
 - Investigations files

- Interviews:
 - Specialized staff
 - Targeted inmates

115.73(a). The facility provided policy GO – 3.4.5-03, which outlines reporting requirements for sexual abuse/assault and harassment allegations. The policy mandates written notification to the reporting detainee/inmate (alleged victim) regarding the investigation's outcome (substantiated, unsubstantiated, or unfounded) by the PREA Coordinator.

During the on-site audit, staff interviews confirmed this as standard procedure. The PREA Coordinator reiterated their commitment to following the policy's notification requirement. A review of investigation files from the past twelve months revealed written documentation of inmate notification in each case. Interviews with inmates who filed allegations corroborated receiving the outcome notice. Based on this review, the facility is found to be in compliance 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 facility's policy, GO – 3.4.5-03, clearly outlines required notifications to inmates who allege sexual abuse by staff. The policy aligns with this provision's standards. Based on this review, the facility is found in compliance with this provision.

115.73(d). Policy GO – 3.4.5-03 outlines inmate notification requirements related to allegations of inmate-on-inmate sexual abuse, meeting this provision's standards. While no inmates alleging inmate-on-inmate abuse were available for interview during the on-site audit, the Corrections Division reported zero such indictments/convictions in the past year. The PREA Coordinator confirmed they would notify victims as needed. No investigation files reviewed indicated related criminal charges against inmates. Based on this review, the facility is found in compliance with this provision.

115.73(e). Policy GO – 3.4.5-03 mandates documented notification to inmates as required by this standard. Documentation is forwarded to the Sheriff and provided to inmates, with copies retained as per legal and policy requirements. The auditor reviewed investigation files from the past twelve months and confirmed proper

	documentation within each file. Based on this review, the facility is in compliance with this provision.
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ GO 1.5.07 DISCIPLINE ◦ GO 1.5.02 HARASSMENT AND DISCRIMINATION IN THE WORKPLACE ◦ Investigation files • Interviews: <ul style="list-style-type: none"> ◦ Specialized interviews <p>Findings (by provision):</p> <p>115.76(a) The facility's GO 1.5.07 DISCIPLINE policy addresses this provision. The policy clearly outlines disciplinary actions that comply with the requirements of this standard. It states that "(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." A review of investigations conducted in the past twelve months revealed two reports of staff on-inmate sexual abuse and no substantiated allegations of staff misconduct. The PREA coordinator confirmed 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.</p> <p>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 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.</p>

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 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 outlines procedures for referring cases with potential criminal charges to the Criminal Investigation Division. During the onsite phase of the audit, the auditor reviewed the 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.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. ◦ Investigations files • Interviews: <ul style="list-style-type: none"> ◦ PREA coordinator ◦ 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 there were no instances of sexual harassment by a contractor during the previous twelve months. The auditor reviewed the investigation files, which demonstrated consistency with that report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77(b) The facility's GO 3.4.5-03 Sexual Abuse/Assault & Sexual Harassment Prevention & Intervention Program includes a detailed after-action review process to assess and improve prevention and response efforts. During the audit, the PREA coordinator confirmed that the agency automatically removes volunteers or contractors involved in sexual abuse from inmate contact. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: <ul style="list-style-type: none">• Documents: (Policies, directives, forms, files, records, etc.)<ul style="list-style-type: none">◦ GO – 3.3.3-01 DETAINEE / INMATE DISCIPLINE◦ GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM◦ MCSO Inmate Handbook◦ Segregation Calculator form◦ Investigation files • Interviews:

- Specialized staff

Findings (by provision):

115.78(a) The facility provided GO 3.3.3-01 Detainee/Inmate Discipline. This policy outlines a due process disciplinary procedure for inmates found guilty of sexual abuse or sexual harassment through a formal hearing. The inmate handbook outlines specific rule violations for sexual misconduct, categorized as major infractions at this facility. During the onsite phase of the audit, the auditor reviewed the sexual abuse investigation files from the previous twelve months. Various investigations from the twelve months prior to the audit were examined. There were no investigations that led to administrative disciplinary sanctions for an inmate, as no allegations were substantiated against the accused inmates. 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 facility provided GO 3.3.3-01 Detainee/Inmate Discipline. This policy outlines a mechanism for ensuring objectivity and consistency in inmate sanctions through a scaled hearing results process. A calculator form is used to promote comparability and proportionality of sanctions to the offenses. During the onsite phase of the audit, interviews with the PREA coordinator confirmed that administrative sanctions consider the policy, incident details, inmate history, and prior sanctions for similar offenses. No inmate sanctions were reviewed due to the absence of substantiated allegations in the investigations from the past 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 exempts mentally incompetent inmates (as determined by medical professionals) from disciplinary action for sexual abuse or harassment. 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 provides interventions to address motivations for sexual abuse. During the on-site audit, the auditor met with the medical director, who confirmed that mental health staff works with all inmates exhibiting sexually abusive behavior to provide them with therapy, counseling, or other interventions and that they are not mandatory. These interventions meet the requirements of this provision. 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,

	<p>“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 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.</p> <p>115.78(f). The facility’s GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM protects inmates from retaliation for reports of sexual abuse made in good faith, even if the investigation doesn’t substantiate the allegation. A review of disciplinary actions in the past year and investigative files during the audit revealed no instances of inmates being disciplined for filing false reports. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.78(g). The facility provided the MCSO Inmate Handbook. The Inmate Handbook outlines inmate rules that prohibit sexual activity. While the handbook doesn’t explicitly address all forms of sexual conduct, the agency clarified that only non-consensual sexual activity will be considered sexual abuse. Based on this clarification, the auditor finds the facility in compliance with this provision.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ Intake 14-day Physical PREA Screening Checklist ◦ Classification Worksheet ◦ WellPath Authorization for Use or Disclosure of Protected Health Information (Informed Consent Documentation) • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff ◦ Targeted inmates

- Site Review Observations:
 - Computer systems
 - Medical services

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 its GO - 3.4.5-03 Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. The policy states that all inmates who disclose prior sexual victimization during 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 further states that mental health staff will assess and provide continued monitoring in these instances.

The auditor reviewed samples of this documentation and observed that the facility appropriately logs 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 routinely asked questions regarding exploitation and victimization in any setting. The auditor was shown copies of the Classification tool for multiple inmates, where it was evident that the screening was part of the normal process. The auditor could also see referrals to medical and mental health services documented. There were two inmates in custody that fit the targeted criteria for this interview. One refused to speak to the auditor. The other was seen by a provider within the 14-day window. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(d). The facility provided its GO - 3.4.5-03 Sexual Abuse / Assault & Sexual Harassment Prevention & Intervention Program. The 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 interviewed several staff members while performing the site review. Staff were asked about inmates' screening and PREA investigative files. They were informed they could not access this 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 with a legitimate need for the information. This was verified by the auditor with staff who did not have access to the data. 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

	<p>Disclosure of Protected Health Information (Informed Consent Form). This form is completed for each new intake. To date, the Medical Department has not had to make any reports under this standard. However, if a report becomes necessary, the facility would obtain a signed 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 using the form. They are all trained on the requirement to disclose to inmates the facility's needs for information and the reasoning behind such disclosures. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ SART Team Memorandum of Understanding ◦ Investigation files • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff ◦ Targeted inmates <p>Findings (by provision):</p> <p>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 the Northwestern facilities. 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 needing emergent medical care.</p>

The auditor reviewed four PREA investigations from the previous twelve months and specifically looked for files, including victims of sexual abuse. 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 are 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.

115.82(c). The facility provided the McHenry County Sexual Assault Nurse Examiner (SANE) Memorandum of Understanding (MOU). The MOU outlines provisions to provide treatment for medical needs, including pregnancy prevention and treatment of sexually transmitted infections (STIs). The PREA Coordinator stated that victims of sexual abuse would be offered timely information on and access to emergency contraception and STI prophylaxis, following professionally accepted standards of care, where medically appropriate. During the on-site 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 necessary testing, provide prophylactic medications for STIs, and complete any necessary pregnancy testing. The auditor reviewed four PREA investigative files from the previous twelve months and specifically looked for files for inmates that inmates that reported allegations of sexual abuse. 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.

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(d). The facility provided its policy, GO – 3.4.5-03, on Sexual Abuse/Assault & Sexual Harassment Prevention & Intervention Program. The policy explicitly states that treatment services shall be provided to every victim without financial cost. Cooperation with investigations and naming a perpetrator is not a requisite for 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.

<p>115.83</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ Wellpath Policy ◦ Investigative files • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff ◦ Targeted inmates <p>Findings (by provision):</p> <p>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 one inmate (another inmate refused to speak to the auditor) who reported sexual victimization. The inmate confirmed they were solicited for or provided medical and mental health services. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>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 with both emergency and ongoing care, and services will continue even if the inmate transfers or is released. 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 to ensure follow-up and treatment of inmates upon release.</p> <p>Two inmates reported prior sexual victimization on the intake risk screening. One inmate refused to speak to the auditor, however the other inmate confirmed they were offered services by medical and mental health staff. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.83(c). The facility's contracted medical and mental health services provider's policies and procedures state that services are provided equivalent to the level of care available in the community. The auditor verified this during an on-site meeting with the health services director. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(d). The facility provided documentation stating that 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 stating that female victims of sexual abuse while incarcerated are offered pregnancy tests. Additionally, documentation supports 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 clearly states that all victims of sexual abuse will be offered access to forensic medical examinations. Additionally, the policy states that such examinations will be provided without financial cost to the victim, and a victim is not required to name a perpetrator under this policy.

The auditor reviewed investigation files, and there were no assault allegations with a forensic examination performed. Through interviews with the PREA coordinator, the

	<p>auditor learned that all inmate victims would receive these services at no cost. Furthermore, in an earlier standard, the auditor 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.</p> <p>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.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM ◦ Investigation files • Interviews: <ul style="list-style-type: none"> • Specialized staff • Incident review team <p>Findings (by provision):</p> <p>115.86(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy, in its Sexual Abuse Incident Review Requirements section, mandates a review at the conclusion of every sexual abuse investigation. During the past twelve months, the Corrections Bureau conducted two such reviews. The PREA coordinator provided the auditor with investigation files from the preceding twelve months. Both files reviewed contained documented evidence of an incident review taking place. Based on this review, the auditor finds the facility in compliance with this provision.</p> <p>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 adheres to the requirement that the sexual abuse incident</p>

review be conducted within 30 days of concluding the investigation. The PREA coordinator provided the auditor with investigation files from the previous twelve months. Each of the reviewed files applicable to this requirement contained written proof that an incident review took place, and all reviews were completed within thirty days of closing the investigation. 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 section, the policy outlines a review process involving the facility PREA Coordinator, the Chief of Corrections, and Administrative Lieutenant. The procedure further mandates seeking 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 the facility's adherence to the policy, emphasizing that all sexual abuse incidents are taken seriously and that incident reviews are conducted following investigation completion. The auditor reviewed completed sexual abuse investigations from the previous twelve months. Each file contained documentation of an incident review meeting, demonstrating the policy's implementation. 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 explicitly addresses the items required for review during the incident review meeting. These items align with the requirements of this provision. The auditor reviewed four investigation files from the previous twelve months. Each file contained a comprehensive written report from the incident review, which demonstrated a thorough examination by addressing all five points mandated by this provision. The reports included assessments and, when applicable, recommendations for improvement.

The auditor interviewed the PREA compliance manager, who confirmed her regular attendance at incident review meetings. She emphasized the importance of identifying any underlying issues that may have contributed to the allegations. The manager also made it clear that the agency takes recommendations from these reviews seriously. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(e). While the auditor did not locate written documentation specifically referencing implementation of improvements stemming from incident reviews, the PREA coordinator explained that this is because there weren't any recommendations for improvement identified during the reviewed investigations from the past twelve months. The auditor confirmed this by examining the investigation files, which contained no notations of recommendations arising from the incident reviews. (A sample was provided that exceeded twelve months ago.) Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- Documents: (Policies, directives, forms, files, records, etc.)
 - GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM.
 - Annual Reports (2022 and 2023)

Findings (by provision):

115.87(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy includes a dedicated section titled "Data Collection and Reporting Procedures." This section mandates the use of a PREA Data Log, ensuring uniform data tracking for all sexual abuse allegations. The log utilizes a standardized instrument and set of definitions. The auditor reviewed the facility's annual reports for 2022 and 2023. The set of definitions employed for data collection in these reports aligns completely with the definitions established by the Department of Justice (DOJ) Survey of Sexual Violence. 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 2022 and 2023. 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.

	<p>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.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. <ul style="list-style-type: none"> ■ Annual Reports (2019 and 2020) • Interviews: <ul style="list-style-type: none"> ◦ Specialized staff <p>Findings (by provision):</p> <p>115.88(a). The facility provided GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. This policy incorporates a dedicated section titled "Data Collection and Reporting Procedures." This section outlines a comprehensive process for continual improvement. The process includes identifying problem areas within sexual abuse data, implementing corrective actions on an ongoing basis to address any issues identified, and preparing an annual report summarizing the agency's findings from data review and any corrective actions taken for both the facility and the Sheriff's Office as a whole.</p> <p>The auditor reviewed four sexual abuse investigations from the past twelve months. While none of the completed files contained identified action items stemming from these specific investigations, each file did include the sexual abuse incident review document, indicating completion of the review process. This demonstrates the facility's adherence to thorough investigation procedures.</p> <p>The auditor examined copies of the facility's annual reports for 2022 and 2023. These reports included information directly related to this provision, fulfilling the policy</p>

	<p>requirement for reporting findings and corrective actions.</p> <p>During the onsite audit phase, the auditor interviewed the PREA coordinator. She confirmed the agency's established practice of reviewing annual data to identify potential areas where corrective actions could be implemented to further prevent sexual abuse incidents. The agency head also confirmed the completion of these annual reviews. Information gleaned from these reviews is incorporated into the agency's annual report, ensuring transparency and accountability. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.88(b). The auditor reviewed copies of the agency's annual reports for 2022 and 2023 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.</p> <p>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.</p> <p>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.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> ◦ GO - 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. ◦ Investigations files • Interviews: <ul style="list-style-type: none"> ◦ PREA coordinator

115.89(a). The facility provided GO – 3.4.5-03 SEXUAL ABUSE / ASSAULT & SEXUAL HARASSMENT PREVENTION & INTERVENTION PROGRAM. The policy outlines clear data security protocols. It mandates secure storage of all PREA data, with access restricted to the PREA Coordinator and authorized command staff with a legitimate need. The auditor verified limited access to this electronic medium for staff without a legitimate need. Additionally, the policy dictates a minimum ten-year data retention period for all PREA data, following the end of the alleged abuser's incarceration or employment, unless otherwise mandated by federal, state, or local laws.

During the onsite audit, the auditor interviewed the PREA coordinator and was granted access to their secure electronic storage system, which houses the sexual abuse data for a minimum of ten years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(b). 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 2022 and 2023 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). Consistent with the policy requirement, which mandates data retention for at least ten years following the conclusion of an alleged abuser's incarceration or employment, the auditor found that the facility maintains sexual abuse data electronically for a minimum of ten years within the PREA coordinator's secure workstation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: <ul style="list-style-type: none"> • Documents: (Policies, directives, forms, files, records, etc.)

- Agency website

- Interviews: PREA coordinator

Findings (by provision):

115.401(a). The facility was audited two years and four months ago with a final audit report submitted on 12/31/2021. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(b). This is the third year of the third 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 27 inmates, with several inmates meeting more than one specialized category that is not included in this total. 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.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

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

- Interviews:
 - 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.

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

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

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

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

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

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes