

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

Date of Final Audit Report: April 7, 2020

### Auditor Information

Name: Cynthia Swier	Email: cindy@preaauditing.com
Company Name: PREA Auditors of America	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 850-643-7037	Date of Facility Visit: March 10-12, 2020

### Agency Information

Name of Agency: Federal Bureau of Prisons			
Governing Authority or Parent Agency (If Applicable): U.S. Department of Justice			
Physical Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
Mailing Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			

### Agency Chief Executive Officer

Name: M.D. Carvajal, Director
Email: BoP-CPD/PREACoordinator@bop.gov
Telephone: 202-616-2112

### Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator	
Email: BoP-CPD/PREACoordinator@bop.gov	Telephone: 202-616-2112
PREA Coordinator Reports to: Hugh J. Hurwitz, Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information			
Name of Facility: Metropolitan Correctional Center Chicago (MCC Chicago)			
Physical Address: 71 West Van Buren St.		City, State, Zip: Chicago, Illinois 60605	
Mailing Address (if different from above): Same as above		City, State, Zip: Same as above	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): <input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe:			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Internal Audits – Program Reviews / Operational Reviews			
Warden/Jail Administrator/Sheriff/Director			
Name: Russell A. Heisner			
Email: CCC/PREAComplianceMgr@bop.gov		Telephone: 312-322-0567	
Facility PREA Compliance Manager			
Name: James A. Dunn			
Email: CCC/PREAComplianceMgr@bop.gov		Telephone: 312-322-0567	
Facility Health Service Administrator			
Name: Zaida Ndife			
Email: CCC/PREAComplianceMgr@bop.gov		Telephone: 312-322-0567	
Facility Characteristics			
Designated Facility Capacity:		349	
Current Population of Facility:		608	
Average daily population for the past 12 months:		665	

Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	19-75	
Average length of stay or time under supervision:	38.4 months	
Facility security levels/inmate custody levels:	Administrative/Low Cadre	
Number of inmates admitted to facility during the past 12 months:	2814	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2517	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1023	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	204	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	29	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	18	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	60	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	One
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	9
<b>Number of single cell housing units:</b>	0
<b>Number of multiple occupancy cell housing units:</b>	7
<b>Number of open bay/dorm housing units:</b>	2
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	22
<b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided?</b> <b>Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:)
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> <b>Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	253
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe:) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

### Pre-Onsite Audit Phase

In preparation for the PREA audit, MCC Chicago through the FBOP contracted with PREA Auditors of America to conduct a PREA audit of the facility. Department of Justice (DOJ) certified PREA auditor Cynthia Swier conducted the audit for CCC as a subcontractor of PREA Auditors of America. The agency requested March 10-12, 2020 as the dates for the onsite audit for Metropolitan Correctional Center (CCC) in Chicago, Illinois. The auditor and facility confirmed services and dates through an executed contract with PREA Auditors of America.

This will be the third PREA audit for the CCC. The last audit was completed in April 2017. This facility is operated by the United States Federal Bureau of Prisons.

The PREA Auditors of America conducted a kickoff meeting by telephone with the Bureau of Prisons regarding the upcoming audits for 2020, which included the Metropolitan Correctional Center. Mr. John Stahley with the Bureau of Prisons, was assigned as the Management Analyst for CCC and was the liaison between the auditor and the facility during the audit. The auditor provided Mr. Stahley with the audit process map for the review by the facility staff and initiated the audit with the PREA Resource Center. The CCC does not utilize the PREA Resource Center Online Audit System (OAS). The facility will be utilizing the Paper Audit System for Adult Prisons and Jails. The auditor requested the facility to complete the Pre Audit Questionnaire (PAQ) and it was provided to her on February 4, 2020. The PREA Auditors of America provided a copy of the required audit notice in English and in Spanish and explained to the facility the need to have it posted throughout the institution and in all housing areas. The PREA Auditors of America also explained to the facility, the need to allow confidential correspondence from inmates if the facility locates mail sent to the auditor's mailbox. The facility agreed to send photos of the audit notice to the auditor.

During the pre-onsite phase of the audit, the auditor explained that an issue log would be provided to the PREA Compliance Manager via the assigned Management Analyst as soon as the review of the documentation was complete. The issue log would identify any missing information or gaps in the documentation. This would provide the facility an opportunity to respond to any issues found in the document review prior to the onsite audit.

The auditor began the review of the uploaded documentation of the PAQ on February 4, 2020. On February 4, 2020, the Management Analyst also submitted photos showing the posted audit notice which was printed in both English and Spanish. The auditor will confirm the posting of the notice during the onsite review. The facility provided in the PAQ that any correspondence going from the facility which is addressed to the auditor, will be handled in accordance with the same process as legal mail, which is privileged and forwarded to the noted recipient without being read by staff and without delay.

On March 2, 2020, the auditor completed the review of the PAQ and documentation and provided the Management Analyst with the PREA checklist of documentation, checklist for review of inmate files, checklist for review of employee files and checklist for review of investigation files. These checklists will assist CCC with preparation for the auditor to review documents during the onsite phase of the audit.

The auditor also requested the following documentation from CCC:

1. All grievances or allegations made in the 12 months preceding the audit
2. All incident reports written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit.
4. All hotline calls made during the 12 months preceding the audit.

The Management Analyst was sent an email on the same day requesting comprehensive lists of inmates and a request to identify inmates which meet targeted interview criteria. The listings requested included:

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

CCC was asked to provide schedules for the following staff to allow for access for interviews during the onsite audit:

1. Warden or designee
2. PREA Compliance Manager
3. Human Resource staff

The Management Analyst provided the auditor the interview responses for the following agency staff prior to the onsite phase of the audit:

1. Agency Head
2. Agency PREA Coordinator

### 3. Agency Contract Administrator

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

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

The auditor performed an internet search for the CCC. There were no stories or articles found to be related to sexual abuse, sexual assault or sexual harassment. The auditor also found no documentation of any pending or final civil court cases related to the facility. The auditor located the 2017 PREA Audit on the BOP public website.

The BOP website includes a link to a page for Sexual Abuse Prevention where the agency has posted information regarding their zero tolerance policy against sexual abuse. The webpage also includes information regarding how to report allegations of sexual abuse with specific addresses for inmate abuse of other inmates and staff abuse of inmates. In addition to this information, the webpage includes the Federal Bureau of Prisons Annual PREA Report (CY 2018), the Sexually Abusive Behavior Prevention and Intervention Program (BOP Policy PS 5324.12), a link to the National Prison Rape Elimination Act Resource Center and a link for the public to voice any inmate concerns they may have. This link is a fillable online form which can be submitted directly to the Bureau of Prisons.

The facility provided the auditor information regarding mandatory reporting. The State of Illinois requires mandatory reporting of sexual abuse of an inmate to authorities under 210 ILCS 30, Illinois Administrative Code CH. I. Sec. 50.

The auditor was informed that forensic examinations for the facility were being performed at Northwestern Memorial Hospital. The auditor contacted Northwestern Memorial Hospital and spoke with an administrative staff member. She confirmed that forensic rape examinations for the CCC are performed at their facility. When inmates are brought into this facility from CCC, an on-duty or on-call



SAFE/SANE would perform the examination, collect evidence, perform an initial sexually transmitted infection and pregnancy testing, provide prophylactic medications for sexually transmitted infections and provide a treatment plan for additional follow-up.

The auditor did not receive any written communications from inmates through the advertised mailbox prior to the onsite phase of the audit. The auditor also did not receive any written communications from staff.

There were no barriers to completing this audit.

## **Onsite Audit Phase**

The auditor arrived at the facility on 03/10/2020 and attended a short entrance briefing with the Warden, Senior Attorney, Chief Psychologist, Associate Warden of Programs, Executive Assistant, Associate Warden's Secretary, Management Analyst, Food Service Administrator, ACA auditor and Program Review auditor. The Associate Warden of Programs is also the facility PREA Compliance Manager and was assigned to the auditor to provide audit support throughout the audit. He provided security, conducted the site review and facilitated random interviews with inmates and staff. In addition, he provided all documentation as requested by the auditor.

At the briefing on the first day of the audit, the auditor was provided with a packet which contained the facility floor plan and layout, as well as a complete roster of inmates, listed by housing unit and the staff rosters for the week. The auditor randomly selected staff members from each shift. Inmates were selected randomly by housing unit. The auditor supplied staff with the list of inmates in order to prepare for the scheduling of interviews the next day. The auditor was notified that the inmate count of the first day of the audit was 623.

The CCC has 9 housing units, which include two open bay dorms and seven secure cell dorms. The open bay dorms comprise 224 beds and the secure cell dorms comprise 491 beds. The rated facility capacity is 393.

### **Site Review:**

Housing units:

The auditor began the site review on [REDACTED] which is the Cadre Unit (inmates designated to CCC Chicago). This is a secured unit with two-person cells. Sinks and toilets are in individual cells. There are community showers in this unit.

[REDACTED] was toured by the auditor next. This unit is the Pre-Trial Secured Unit. The unit houses two-person cells with sinks and toilets in each cell. There are community showers in this unit.

[REDACTED] was toured by the auditor next. This is the Holdover Unit. This unit is an open bay dorm with community showers and bathrooms. This unit is also used for overflow, if needed.

[REDACTED] toured next which is the intake unit. Here the auditor observed holding cells, showers, and a visual search area. The showers contained curtains which were clear on the top and the bottom which provided privacy yet security. The visual search area had barriers on each side for privacy, as

well. Cameras were present, but did not allow for visibility directly into the visual search area. Visual searches are only performed by an officer of the same gender as the inmate. This is an open area where case managers, medical and custody staff process new inmates. This area also has a television which displays a PREA information video on a running loop. This information is in English as well as Spanish. The auditor interviewed a staff member who walked the auditor through the initial inmate screening which included a screening for sexual violence via an objective screening tool. The auditor was provided a copy of the screening tool. This staff member showed the auditor how housing decisions were made based on the responses received from the screening tool as well as other factors. The screening tool contained a list of questions for the staff to ask the inmate. These questions were “yes” and “no” questions and did not contain any opinionated answers or evaluations by the staff member. The inmate is also given a PREA informational pamphlet and inmate handbook during the intake process which generally occurs the first day of their arrival. A copy of both the pamphlet and the inmate handbook were provided to the auditor. These items are in English as well as Spanish. The auditor was not able to watch the screening process with an inmate directly, but did discuss the screening with medical and case management staff. The unit management staff also explained the grievance process and stated that all of the sexual abuse and sexual harassment grievances go to the facility PREA Compliance Manager. The auditor was informed that the screening information is stored in a fireproof container which is locked in the case manager’s office. Further screening information which is on the database is only visible to those staff with a security access profile which allows access to these screens. The unit managers stated that the screening information is not accessible to staff who do not need this information.

Throughout the facility, the auditor observed numerous cameras as well as sufficient staff coverage. Closet doors were locked and not accessible to inmates without staff authorization. There were no noted blind spots in the areas visited. There were telephones in each housing unit with PREA informational posters present as well as information regarding advocacy services and the PREA Audit announcement notices in English and Spanish. The auditor checked a few random inmate telephones and they were operational. The auditor spoke with several staff as well as inmates during the site tour. Staff and inmates seemed knowledgeable and aware of PREA and how to report incidents of sexual abuse and harassment. Inmates relayed to the auditor that they felt safe in the facility and also felt comfortable reporting information to staff. The auditor confirmed that staff are required to make rounds once every hour during daytime hours and once every 30 minutes during overnight hours.

██████ is the Visitation Room which allows for in-person visits as well as rooms for video visitation and rooms for legal visitation. The children’s visiting area is also adjacent to the main visitation room. Cameras are present throughout this room as well as PREA information for reporting.

██████ is the Health Services Unit which contains 3 exam rooms. The auditor spoke with several staff members in this area who confirmed that forensic exams are conducted at the Northwestern Memorial Hospital. The facility, however, offers medical services and treatment follow-up which included mental health services.

██████████ the facility contains Food Service, Laundry, Commissary, Safety, Facilities, Inside Warehouse, Tool Room, Staff Dining Room, Gym and Sally-port. Staff in these areas freely spoke with

the auditor and explained their duties and processes. Cameras were noted throughout this area as well as PREA informational posters.

██████████ is the Special Housing Unit (SHU). This unit contains cells which are used for ambulatory, 4 point restraints, and suicide watch. Sinks and toilets are in individual cells. There are two single-person showers, a law library and two video visiting stations as well as two recreational rooms. Cameras were noted throughout this area as well as PREA informational posters.

██████████ is the female unit. This unit contains inmates for Pre-Trial, Holdover and designated inmates. Sinks and toilets are in individual cells. This unit also has a visitation / dayroom, attorney visitation room and video visitation. Cameras were noted throughout this area as well as PREA informational posters.

██████████ is the Education / Religious Services and the Law Library. Cameras were noted in this area as well as PREA informational posters.

Floor 1 is the main entrance to the facility which contains a lobby, [REDACTED] PREA information is posted in this area for visitors.

The rooftop recreation area was visited by the auditor

The facility tour concluded with the Control Room.

Cross-gender announcements were made prior to the auditor entering all male housing units and by the PREA Compliance Manager when entering the female housing unit. This was witnessed as we entered all housing areas during the onsite review.

The auditor had informal conversations with several staff members throughout the facility. Each person was able to properly identify the appropriate steps to take if they identified an incident of sexual abuse or sexual harassment. They were also able to explain inmate rights, prohibitions against retaliation, signs of abuse and ways to avoid staff sexual misconduct. The auditor also had informal conversations with inmates in each area. The inmates understood what PREA is and could tell the auditor how to file an allegation and recalled receiving PREA educational information at intake. The inmates indicated, overall, a sense of safety and felt comfortable reporting incidents, if necessary. Without exception, all of the inmates interviewed stated that staff of the opposite gender always announce their presence before entering the housing areas and inmates were never seen by staff of the opposite gender when they are undressed. The inmates also explained that the facility plays a

recorded audio announcement every thirty minutes advising that staff of the opposite gender may be present in the area during the shift. This audio announcement recording was witnessed by the auditor.

The PREA Zero Tolerance poster was observed throughout the facility. This poster identifies how an inmate can report sexual abuse / harassment: by reporting to a staff member, filing an administrative remedy, by electronic message to staff via the DOJ Sexual Abuse Reporting Mailbox (TRULINCS) and in writing to the Office of the Inspector General with an address indicated. A notice was also posted in various locations throughout the facility which specifies services and contact information for victim advocacy services. A test call was made to this number and the auditor was able to reach a person at the Illinois Coalition Against Sexual Assault. This person explained that they receive calls from inmates at CCC who are seeking services. Inmates are also provided information in this posting that they can contact Psychology Services staff at MCC Chicago for supportive psychological services.

The auditor spoke with both Unit Management and Case management staff who explained the intake process and that the inmates are given orientation the day of their arrival or sometimes the following day, depending on the time of the day of the initial arrival. During this orientation, inmates are given PREA orientation which included a video, an inmate handbook with PREA information and a PREA informational pamphlet. Inmates entering MCC Chicago complete the intake screening process / social interview conducted by a Unit Manager, Correctional Counselor, or Case manager before being released to general population. The PREA Inmate Objective Screening Instrument is utilized to complete an initial assessment of an inmate's risk of sexual victimization / abusiveness. The results of the screening are documented and the intake staff will determine whether an inmate meets the criteria for referral to Psychology Services. This referral is forwarded to Psychology Services for further assessment. Subsequent review of an inmate's risk of sexual victimization / abusiveness is conducted by Unit Management staff within the first 30 days of arrival. The auditor was provided copies of these screenings and referrals with corresponding dates which showed arrival of the inmate and the date of screening / assessment and referral as well as follow up assessment.

The auditor also spoke with Unit Management staff who stated that inmates are able to report sexual abuse or harassment to the Office of the Inspector General from their TRULINCS email account or through legal mail procedures. The emails are untraceable at the institution level. Staff showed the auditor how an inmate can access this email on terminals in the common areas of the housing units.

The Unit Management staff informed the auditor during the on-site facility tour that the Administrative Remedy Clerk and Administrative Remedy Coordinator ensure the processing of all grievances. Ordinarily, inmate grievances are only submitted to the inmate's counselor, however, if the counselor is the subject of the sexual abuse complaint, the grievance may be submitted to the unit manager. All receipts of grievances and notices of extensions are automatically generated in SENTRY (automated BOP Inmate Management System). The unit team checks SENTRY daily and distributes copies of receipts or notices of extensions to the inmates. The date the receipts and notices are printed is recorded in SENTRY. The Unit Management staff showed the auditor some grievances which contained the dates. There were no grievances related to sexual abuse or harassment. The Unit Management staff further relayed to the auditor that they do accept third party grievances. Inmates

are required to indicate his or her acceptance/refusal for the grievance to be processed and filed on their behalf (BP-9 Form). This response is recorded in SENTRY.

### **Inmate Interviews:**

The auditor began inmate interviews the first day of the audit and continued the second day. Based on the inmate population of 623 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 30 total inmate interviews must be conducted; a minimum of 15 random inmates and 15 targeted inmate interviews are required. In this audit, additional interviews with targeted inmates allowed for the satisfactory completion of the total required inmate interviews. The PREA Compliance Manager facilitated interviews of all inmates in a private setting. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

<b>Category of Inmates</b>	<b>Interviews Conducted</b>
Random Inmates (Total)	13
Targeted Inmates (Total)	17
Total Inmates Interviewed	30
Breakdown of Targeted Inmate Interviews:	
✓ Youthful inmates	0
✓ Inmates with a physical disability	1
✓ Inmates who are blind, deaf or hard of hearing	0
✓ Inmates who are LEP	4
✓ Inmates with a cognitive disability	0
✓ Inmates who identify as lesbian, gay, or bisexual	3
✓ Inmates who identify as transgender or intersex	1
✓ Inmates in segregated housing for high risk of sexual victimization / suffered prior abuse	1
✓ Inmates who reported sexual abuse	4
✓ Inmates who reported sexual abuse during risk screening	3
✓ Total number of targeted interviews	17

The PREA Compliance Manager provided the auditor with a complete list of inmates by housing unit and a list of inmates who might meet a targeted category for an interview. There were no youthful inmates housed at this facility. There were no blind, deaf or hard of hearing inmates identified as such on any housing run. The auditor asked the PREA Compliance Manager if there were any inmates who were blind, deaf or hard of hearing and he indicated that there were not any inmates that had been identified as such by medical staff. The facility also did not have any inmates identified as having a cognitive disability.

The auditor randomly selected inmates to interview from the lists provided by the PREA Compliance Manager to meet the targeted areas. For random interviews, the auditor selected the 10<sup>th</sup> and 23<sup>rd</sup> inmates from each of the facility housing areas from the lists provided by the PREA Compliance Manager. Interviewed inmates represented each housing unit.

### **Staff Interviews:**

The auditor received responses to the interview questions from agency leadership and are not counted in the totals below:

M.D. Carvajal, Director – Agency Head

Jill Roth, BOP National PREA Coordinator – PREA Coordinator

Pamela Jones, Administrator, Privatization Management Branch – Contract Administrator

Russell Heisner, Warden

James Dunn, Associate Warden, PREA Compliance Manager

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

<b>Category of Staff</b>	<b>Interviews Conducted</b>
Random Staff (Total)	6
Specialized Staff (Total)	37
Total Staff Interviewed	43
Breakdown of Specialized Staff Interviews:	
✓ Intermediate or higher level staff	3
✓ Medical and mental health staff	6
✓ Non-medical staff involved in cross-gender strip searches	0
✓ Human Resource staff	1
✓ SANE staff	1
✓ Volunteers and contractors who have contact with inmates	3
✓ Investigative staff	3
✓ Victim advocates	1
✓ Staff who perform screening for risk of victimization	3
✓ Staff who supervise inmates in segregated housing	1
✓ Incident review team	3
✓ Designated staff member charged with monitoring retaliation	2
✓ First responder, correctional services staff	7

✓ First responder, non-custody staff	2
✓ Line staff who supervise youthful inmates	0
✓ Education and program staff who work with youthful inmates	0
✓ Intake staff	1
✓ Food service staff	0
✓ Maintenance	0
✓ Grievance coordinator	0
✓ Chaplain	0
<b>Total Specialized Interviews</b>	<b>37</b>

The PREA Compliance Manager supplied the auditor with a list of staff names assigned to participate in the specialized staff interviews. Some staff members fill multiple duties in the facility and were interviewed for multiple specialized staff positions. The auditor interviewed one volunteer and two contracted medical staff as part of the specialized interviews. For random staff interviews, the auditor selected staff from various shifts and positions within the facility. Random staff interviews were conducted in a private setting in the administrative offices and in offices and dayrooms throughout the compound. All of these interviews were conducted in a private setting. The specialized staff interviews were conducted in the same manner.

### **Document Sampling and Review**

The facility provided the auditor the requested listings of documents, files and records. In order to ensure that a representative sample of documents were selected for review, the auditor started the document sampling process with a comprehensive list of inmates, staff and relevant records. These documents included inmate files, personnel files, training files, intake screening files, documents of inmate education, investigative files, a list of contractors and volunteers, and grievances filed in the previous 12 months.

The auditor reviewed a list of 25 grievances from the previous year which did not contain any grievances that were related to sexual harassment. The allegations of sexual abuse / harassment were in the form of a written Inmate Request to Staff, and 3 verbal reports to staff. The auditor verified that all of these allegations were included in the investigative files. From the information provided by the facility, the auditor selected a variety of files, records and documents summarized in the table below.

<b>Name of Record</b>	<b>Number Reviewed</b>
Employee Files	20
Volunteer / Contractor Files	4
Inmate Files	20
Investigation files	4
<b>Total Files</b>	<b>48</b>

**Employee Files:** The auditor was provided fifteen (15) employee records that included hiring information and training records that corresponded with staff interviewed during the onsite phase of the audit. The auditor also selected five additional staff from the list (one additional from correctional services, unit management, medical, administration and human resources) and reviewed hiring information and training records for these staff.

Logs and documentation of unannounced security rounds was also reviewed by the auditor. Video documentation of unannounced security rounds was also reviewed by the auditor for selected time frames which corresponded with the written documentation.

**Inmate Files:** The auditor reviewed twenty (20) of the inmate files that were randomly selected (using the “nth” method). These records were reviewed for inmates in each housing unit. These records included inmates that responded with yes answers on the sexual violence screening tool. A review of these records included risk screenings, intake records, and PREA education documentation.

Medical and mental health files of these inmates were also reviewed for documentation of assessments, exams, referrals and follow-up services. For those inmates who filed a complaint of sexual abuse / sexual harassment, a review was conducted of the inmate investigative file for documentation of notification.

**Investigation Files:** During the previous 12 months, there were a total of 4 allegations of PREA related misconduct at the facility and investigations were completed and closed. The auditor reviewed the investigation records, including medical and mental health records for the alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. There were no substantiated allegations. One allegation was referred to the FBI and the alleged victim received a forensic exam. This case was determined to be unsubstantiated. The FBI declined to proceed with a referral for prosecution. The auditor also reviewed the subsequent After-Action Incident Review as well as the Retaliation Monitoring documentation. The investigation dispositions are shown below:

	<b>Substantiated</b>	<b>Unsubstantiated</b>	<b>Unfounded</b>
Inmate-on-inmate sexual abuse	0	2	1
Inmate-on-inmate sexual harassment	0	1	0
Staff-on-inmate sexual abuse	0	0	0
Staff-on-inmate sexual harassment	0	0	0
<b>Total Allegations</b>	<b>0</b>	<b>3</b>	<b>1</b>



Included in the above list of documents reviewed by the auditor were those that were identified by “following the document trail”. Examples of this are: inmates are required to have a screening record in his/her file. In cases where the screening record indicated that the inmate disclosed prior victimization, the auditor reviewed further records to determine whether the facility provided appropriate medical and/or mental health follow-up as required by PREA standards and whether the facility provided appropriate housing and programming assignments pursuant to PREA standards. Another example of “following the trail” is that in cases where there was an allegation of sexual abuse / sexual harassment (as voiced by inmates during interviews), the auditor subsequently verified if there was an investigation and what the investigation entailed, if there was an After-Action Incident Review, notification to the inmate and retaliation monitoring. Lastly, in cases where an inmate relayed to the auditor that he/she had never received PREA orientation, a review of their inmate file was subsequently conducted to determine if there was any documentation of PREA education and corresponding signature of receipt.

The auditor observed the use of TRULINCS email system, and made calls to the community advocate providers and community SAFE/SANE (SAFE = Sexual Assault Forensic Examiners / SANE = Sexual Assault Nurse Examiners). The auditor strived to verify if policies of protecting inmates from sexual abuse and sexual harassment were “institutionalized” by reading policies, interviewing staff, inmates, volunteers, contractors and community providers as well as observing practices and processes in action.

On the last day of the audit, the auditor held an exit meeting with the Warden, Associate Warden (PREA Compliance Manager), the Chief Psychologist and the Management Analyst. The auditor provided these staff with an overview of the positive points found during the onsite phase of the audit. The auditor also presented some points of possible concern. The auditor informed staff that there was still documentation to review before making final determinations. It was determined that the auditor will provide communication during the upcoming weeks through the Management Analyst for questions and/or needed additional documentation.

The facility staff were friendly and helpful during the onsite phase of the audit. Interviews with staff and inmates were completed timely due to the cooperation of the facility staff. The auditor was presented with all documentation requested and it was orderly and complete.

## Facility Characteristics

Activated in 1975, MCC Chicago (CCC) is an administrative detention center that houses both male and female inmates, most of which are facing federal charges in the U.S. District Court in the Northern District of Illinois. The facility is located in the City of Chicago, Illinois at 71 West Van Buren Street. The facility is a 26 story building. The inmate population is approximately 600 inmates including a small work cadre of approximately 100 inmates who assist in the care and maintenance of the institution. The population on the first day of the audit was 623.

The building is 180,000 square feet under roof and is structured in a triangular shape, adding to the diversity of the historical architecture that Chicago is known for. The institution includes a power plant that delivers all of the utilities to the institution and a seven story parking garage located next to the institution. [REDACTED].

The rated capacity of the facility is 393 with an average daily population of 663 for the last 12 months. This is an administrative / low security facility with the age range of the offenders from 19-78. The facility does not house youthful offenders. The facility employs 205 full time staff: 8 administrative, 40 program, 100 correctional services and 52 other.

When entering into MCC Chicago, [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

## Recreation

## Non-Residential Drug Abuse Program (NR DAP)

### Religious Services

These programs are designed to improve practical skills, enhance character development and ultimately reduce recidivism rates. The facility reports a high success rate with each of these programs.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded: 0**

**List of Standards Exceeded:** N/A

### Standards Met

**Number of Standards Met: 45**

**List of Standards Met:**

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

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (policies, directives, forms, files, records, etc.)
  - a. Institution Supplement (IS) 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019)
  - b. MCC Chicago Organizational Chart
  - c. *Sexually Abusive Behavior Prevention and Intervention booklet – An Overview for Offenders* booklet (July, 2018)
2. Interviews:
  - PREA Coordinator
  - PREA Compliance Manager

**Findings (by provision):**

**115.11(a).** The Metropolitan Correctional Center Chicago, Illinois (MCC Chicago) has adopted a comprehensive policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The MCC Chicago provided their Institution Supplement 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program*, which contains the bulk of the agency’s sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency’s zero tolerance policy (p. 5) and identifies the agency’s approach to the prevention, detection and response to sexual assault incidents in their facility (pp. 5-19). The Agency’s *Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders* (SABPIP) booklet (p. 6) provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards.

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

**115.11(b).** The facility has designated a facility wide PREA Compliance Manager, who is assigned these duties along with operational duties of the facility as the Associate Warden of Programs. The facility’s organizational chart was provided for review. The chart shows the PREA Compliance Manager’s position as reporting directly to the facility Warden. The auditor interviewed the PREA Compliance Manager and confirmed that he has other responsibilities, but has ample time to oversee the agency’s efforts to comply with the PREA standards. He also confirmed that he has direct access to the Warden in his chain of command, and will report PREA issues directly to him. Based on this interview and my contact with the PREA Compliance Manager during the time span of this audit, the auditor believes he has both the time and authority necessary.

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

**115.11(c).** The agency operates several facilities and has elected to designate a National PREA Coordinator as well as a local PREA Compliance Manager. The PREA Compliance Manager is directly supervised by the Warden of the facility. Through an interview with the PREA Compliance Manager, it was clear that he understood his role and was well educated on the PREA standards. The PREA Compliance Manager conducts retaliation monitoring and monitoring of vulnerable inmates.

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

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

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

#### **115.12 (a)**

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

#### **115.12 (b)**

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

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

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

**Findings (by provision):**

**115.12(a)** The agency has entered into five contracts within the past 12 months. Two of the five contracts were at new locations and both have scheduled dates later this year for their national compliance review. The remaining three contracts, were at existing locations and each have scheduled dates during this year for their national renewal certifications. All contractor PREA policies have been reviewed and approved by the Bureau, oversight of all allegations occur when warranted, and the Bureau of Prisons Quality Assurance Program will conduct a review at each facility this year.

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

**115.12(b)** Each private contract facility under contract with the Bureau of Prisons (BOP) has the following contract language: “The contractor shall develop policy and procedures for the establishment of a sexual abuse / harassment program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect and respond to prison rape as contained in 28 CFR Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule dated June 20, 2012.” The contractor’s policies and procedures are reviewed by the Bureau subject matter experts who ensure appropriate adherence to national standards and regulations. The contractor is further required to notify the BOP of any PREA allegation and forward a copy of the allegation, the investigation, and the findings to BOP oversight staff for review. BOP oversight staff and the respective Health Services Specialist review any PREA allegation to ensure compliance with PREA requirements. Such reviews are reflected on monitoring reports. Additionally, at least once a year, the BOP’s Quality Assurance Program conducts a review of each contractor’s PREA allegations to determine contract compliance.

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

## **Standard 115.13: Supervision and monitoring**

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

#### **115.13 (a)**

- Does the 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

#### 115.13 (b)

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

#### 115.13 (c)



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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. Institution Supplement (IS) 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (effective November 22, 2019)(pp. 15-17)*
  - b. MCC Chicago's Staffing Plan

- c. Annual Reviews
  - d. Documentation of Unannounced Rounds
  - e. MCC Chicago Workforce Utilization Meeting Minutes
  - f. Program Statement (PS) 2100.04 – *Budget Execution Manual (effective March 18, 2014)*(pp. 1-3)
  - g. Program Statement (PS) 3000.03- Human Resource Management Manual (effective December 19, 2007) (pp. 8-10)
  - h. Memo documenting deviations
2. Interviews:
- a. PREA Compliance Manager
  - b. Warden
  - c. Random staff
  - d. Specialized staff – Intermediate or higher-level facility staff
3. Site Review Observations:
- a. Control rooms
  - b. Programs area
  - c. Housing units
  - d. Food service
  - e. Intake

**115.13(a).** The facility provided the MCC Chicago Staffing Plan. The document is well written and provides a wide view of the activities and 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 the coverage plan for staff. The plan was updated this year (2020).

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

- 1. Provision 115.13 (a)(1) – Generally accepted detention and correctional practices –

The MCC Chicago is audited and accredited by the American Correctional Association (ACA), and has completed internal audits – Program Reviews / Operational Reviews as well as previous PREA compliance review. These reviews include standards to ensure proper staffing for the safety of the inmates and staff.

2. Provision 115.13 (a)(2) – Any judicial findings of inadequacy – the CCC states that there are no such findings.
3. Provision 115.13 (a)(3) – Any findings of inadequacy from Federal investigative agencies. – CCC states that there are no such findings.
4. Provision 115.13 (a)(4) - Any findings of inadequacy from internal or external oversight bodies – CCC is audited and accredited by the ACA and PREA. The agencies have standards to ensure proper staffing for the safety of the inmates and staff.
5. Provision 115.13(a)(5) – All components of the facility’s physical plant (including “blind spots” or areas where staff or inmates may be isolated) – CCC addresses this in the staffing plan.
6. Provision 115.13(a)(6) – The composition of the inmate population – The CCC houses male and female adult inmates. The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation or age.
7. Provision 115.13(a)(7) – The number and placement of supervisory staff – CCC addresses the placement of supervisors for the proper supervision of staff and safety of the inmates.
8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – CCC addresses the various inmate programs and religious activities that are available to inmates. They established a full unit of staff members that are available to supervise inmates to ensure the proper safety and security (*Staffing Reports*). These staffing levels allow the facility to continue with programming even if correctional services staffing in other areas is at a minimum.
9. Provision 115.13(a)(9) – Any applicable state or local laws, regulations, or standards – the facility must meet the ACA Standards, and PREA Standards for Adult Prisons and Jails maintain compliance.
10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – the plan addresses the periodic review of incidents of sexual abuse that are reported to the facility. This review has not highlighted any need for significant changes to the staffing plan.
11. Provision 115.13(a)(11) – Any other relevant factors – the plan indicates that CCC has determined there are no other relevant factors at this time that would affect the plan.

The overall staffing of the facility is consistent with accepted practices and standards of the ACA Standards and PREA.

During the site review, the auditor did not identify any areas of concern that would be considered blind spots in the facility. The auditor reviewed all areas, including food service, medical and mental health department and all housing units. [REDACTED]

[REDACTED]

[REDACTED]

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.

The auditor spent time during the onsite visit and talked with the programs officers and volunteers. The staff provide sufficient coverage to ensure inmates have an opportunity to participate in the programs in order to be successful. This clearly supports the statements in the staffing plan.

The auditor interviewed the Associate Warden who confirms the written staffing plan. The plan includes a review to ensure adequate staffing to meet the agency's efforts to prevent, detect and respond to incidents of sexual abuse. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. The Associate Warden stated that they utilize a standing overtime list to ensure proper coverage on each shift to avoid deviations which could lead to unsafe conditions in the facility. A lieutenant reviews daily and weekly staffing reports and addresses any concerns immediately. The auditor also interviewed the PREA Compliance Manager who confirmed that he played a large role in the development of the staffing plan. He explained the need to review each of the points in this standard in developing the plan. Each of the points assists the agency to better prevent and detect sexual abuse.

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

**115.13(b).** CCC did not have any documentation related to deviations from the staffing plan. The auditor interviewed the Associate Warden, who stated that the facility utilizes a system for overtime that allows them to avoid deviation from the plan. He could not recall any time during the previous 12 months that facility activities had to be limited due to short staffing. The auditor also interviewed the Warden and he stated that there are no instances where the facility is in non-compliance with the staffing plan. Shift supervisors utilize the standing overtime list to fill open positions on the shift 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).** At MCC Chicago, the Salary / Workforce Utilization Committee Meeting Minutes serve as the staffing plan. The required factors are reviewed in the meeting minutes. At a minimum, the most recent Salary / Workforce Utilization Committee Meeting Minutes (which includes a review of the staffing plan) are annually compiled by the Regional PREA Coordinator by May 1, and submitted to the National PREA Coordinator by June 1. The facility's deployment of video monitoring systems as well as other monitoring systems and the resources the facility has available, ensure adherence to the staffing plan.

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

**115.13(d).** The auditor was provided Institution Supplement IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy states, “Department management staff conduct unannounced rounds throughout the institution on a weekly basis. The Institution Duty Officer (IDO) is responsible for conducting unannounced rounds on every housing unit and in every area of the institution at least one time during their tour of duty. The rounds will be documented on the Unannounced PREA Rounds form and attached to the IDO Weekly Report at the conclusion of the tour of duty (p. 5).

During interviews with 30 random inmates, each inmate stated that they see supervisors come in the housing units often. During interviews with random staff members, staff stated that supervisors perform rounds daily and at different times. Supervisors interviewed indicated that rounds are performed at all times of the day and night. These staff stated that rounds are entered in the shift log in the computer with comments. These staff also stated that they prevent staff from alerting other staff that they are conducting unannounced rounds by varying rounds and not conducting the rounds at the same time every shift.

The facility supplied several copies of event logs, which showed various upper level supervisors logging in PREA rounds throughout the facility. These rounds showed rounds at all times of the day and night. The auditor could see from these logs that the facility has included in their practice the logging of these rounds at all times throughout the day and night.

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

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

MCC Chicago does not house youthful inmates.

### Standard 115.15: Limits to cross-gender viewing and searches

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

##### 115.15 (a)

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

##### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (d)

- 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 ☐ No
- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

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

#### 115.15 (f)

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

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. Institution Supplement (IS) 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (effective November 22, 2019)(pp. 5-6).*
  - b. Unit Posters
2. Interviews:
  - a. Specialized staff
    1. Non-medical staff involved in cross-gender strip or visual searches
  - b. Random staff
  - c. Targeted inmates
    1. Transgender inmates
  - d. Random inmates (male and female)
3. Site Review Observations:
  - a. Control rooms
  - b. Visual Search area
  - c. Bathrooms and shower areas
  - d. Housing units
  - c. Medical services



## Findings (by provision):

**115.15(a).** The auditor was provided Institution Supplement 5324.12A – SABPIP (*effective November 22, 2019*) (pp. 5-6). This document specifically describes the policy related to when and how searches are to be performed on inmates. MCC Chicago staff do not conduct cross-gender visual searches, except in exigent circumstances. When cross-gender visual searches are authorized, the search is entered into an electronic log. During the past 12 months, no cross-gender visual searches have been authorized or conducted. Non-medical staff were interviewed and they stated that they do not conduct cross-gender strip searches or visual body cavity searches.

During the site review, the auditor viewed the visual search area and which utilizes barriers for privacy between inmates. Through informal discussion with several security staff, the auditor learned that all visual searches had to be approved by a supervisor and then performed by a staff member of the same gender as the inmate. Interviews with inmates confirmed that information, with all inmates stating that they were never searched by a staff member of the opposite gender.

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

**115.15(b).** The facility does not permit cross-gender pat searches of female inmates, absent exigent circumstances. This is specified in IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 5). During the past 12 months, no cross-gender searches have been authorized or conducted. The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

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

**115.15 (c).** The facility does not permit cross-gender strip searches and cross-gender visual body cavity searches and requires that all cross-gender pat-down searches of female inmates be authorized and documented. This is specified in 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (pp. 5-6). There have been no incidents of cross-gender searches in the past 12 months.

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

**115.15(d).** The facility has shower facilities that allow all inmates to shower without staff viewing them during the use of these facilities, except in the course of routine unit rounds or cell checks. All closed units have individual shower stalls with curtains to provide a modicum of privacy and each shower has an outer door that can be closed during use. The dormitory units have shower facilities that are accessed through a hallway with an outer door that can be closed for additional privacy. This prevents staff from directly viewing inmates utilizing these facilities except during the course of routine rounds. Inmates are informed staff of the opposite gender may enter all inmate housing units through an automated announcement that is broadcast three times a day. Inmates receive this information through unit bulletin boards and through the electronic bulletin boards. These documents are provided in English and Spanish. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 6) which specifies that inmates at CCC are provided the opportunity to shower, perform

bodily functions and change clothing without nonmedical staff of the opposite gender viewing their unclothed bodies.

During the site review, the auditor was able to witness cross-gender staff announcing their presence in the housing unit and also heard the audio recorded announcement notifying the inmate population that staff of the opposite gender routinely frequent inmate housing areas.

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

The auditor also visited the control room [REDACTED].

**115.15(e).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 5). The policy specifies that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If an inmate’s genital status is in question, it will be determined through conversation with the inmates, a review of medical records, or, if necessary, as part of a broader medical examination conducted in private, by a medical practitioner. This can be accomplished during the intake process.

The facility reported that there were no such searches in the past 12 months. During interviews with random staff members, the auditor asked about the strip search policy and the identification of transgender inmates. All staff members interviewed were aware of the policy regarding strip searches and identification of transgender inmates. All staff interviewed stated that only medical staff can visualize the inmate’s body, if necessary, to make a determination. An interview was conducted with a transgender inmate who stated that they were not strip-searched for the sole purpose of determining their genital status.

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

**115.15 (f).** The facility provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module. In each of the two years, records indicated confirmation of training for all of the facility correctional services staff. There are 100 correctional services staff and all 100 were noted as receiving training.

During random staff interviews, all random staff members interviewed stated that they had received training on performing pat searches of transgender inmates. All of those interviewed stated that searches must be done professionally and respectfully. Officers stated that searches of a transgender female would normally be done by a female staff member. An interview was conducted with a transgender inmate confirmed that they were searched professionally and respectfully.

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

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

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

### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

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

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (effective November 22, 2019) (p. 6).*
  - b. Purchase Agreement for Language Line Services with LanguageLine Solutions

- c. Bilingual Employee List
- 2. Interviews:
  - a. Warden
  - b. Targeted inmates –
    - 1. Inmates with disabilities
    - 2. Inmates who are limited English proficient
  - c. Random inmates
- 3. Site Review Observations:
  - a. Postings in housing units
  - b. Medical housing
  - c. Inmate educational materials in intake

**Findings (by provision):**

**115.16(a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 6). The agency provides in this policy that inmates who do not speak English will have an equal opportunity to participate in the agency’s efforts to prevent, detect, and respond to sexual abuse through the use of the institution contract for the interpreter telephone system. Inmates with disabilities are provided with assistance to include communication for those who are deaf, hard of hearing, providing access to interpreters. Inmates are provided an informational orientation handbook which is in both English and Spanish. This handbook can also be interpreted into other languages using Google Translate. CCC also maintains a copy of the handbook in Braille for inmates with visual impairments.

When interviewed, the Warden stated that each institution’s PREA Compliance Manager reaches out to disability assistance offices in the local community as a resource for institution staff in providing effective communication accommodations when a need for such an accommodation exists. Additionally, each institution establishes a contract with a language line service for those inmates who speak a language other than English.

During the audit tour, the auditor did observe informational materials posted for inmates in both English and Spanish. During the inmate interviews, staff were provided to the auditor for interpretive services.

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

**115.16(b).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 6). The policy states that inmate education regarding PREA and orientation information is provided to inmates orally, and in writing, in a language clearly understood by the

inmate. The policy directs staff to utilize contracted interpreter services to assist inmates that are not proficient in English, are blind or deaf, or require other interpretation services to understand the information provided. The *Inmate Handbook* is provided in English and Spanish. This handbook includes the initial PREA education for inmates.

The auditor interviewed three targeted inmates, one with a physical disability and two who were limited English proficient. The inmates who were limited English proficient were interviewed with the assistance of a staff interpreter. Each of these inmates understood what PREA was and knew how to properly report an incident of sexual abuse, if needed. There were signs clearly posted in each of the housing units in English and Spanish. There were no inmates at the facility at the time of the onsite review, who were classified as blind, deaf or hard of hearing so the auditor was not able to confirm access to educational information, however, the PREA Compliance Manager reported that in these circumstances, a staff reader would be provided to a blind inmate and there is a staff member who is proficient in American Sign Language who can be utilized for deaf inmates. Deaf and hard of hearing inmates, he said, would also be provided written information which they could read.

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

**115.16(c).** During the onsite phase of the audit, the auditor spoke with 31 random staff members and 30 random inmates. All staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using inmates to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Interviews with inmates with disabilities and inmates who are limited English proficient all stated that the facility utilizes staff assistants and staff interpreters at all times.

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

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019)(p. 7).
  - b. Program Statement (PS) 5324.12 – *SABPIP* (effective June 4, 2015). (pp. 20-21).
  - c. Employment Application Sworn / Certified Positions
  - d. *Chaplain, Contractor, Volunteer Approval List*



- e. Employment Records
- f. Pre-Employment Guide
- g. BOP Recruitment Flyer

2. Interviews:

- a. Specialized staff
  - a. Human Resource staff

**Findings (by provision):**

**115.17(a).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The document includes the hiring policies for all sworn and certified positions and civilian positions within the facility as well as guidelines for background checks and the selection process for hiring. The hiring process for all positions includes a criminal background check, searching records locally and nationally. This report will locate an individual criminal history report in the state of Illinois, arrests from other states and federal arrests. It will also include any outstanding arrest warrants and domestic violence injunctions. The agency completes a Level 2 background check for those seeking employment as a certified correctional officer in this agency. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* states that before hiring new employees who may have contact with inmates, the agency shall perform a criminal background check (p. 21). The policy also states that the agency shall not hire or promote 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; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in this section (p. 20). IS 5324.12A Sexually Abusive Behavior Prevention and Intervention Program (p. 7) also includes a reference to this requirement. It states that the agency will not hire any individual without first verifying that they have not engaged in any form of sexual abuse/harassment while currently employed, during previous employment, or within the community setting.

The agency's employment application requires that the applicant answer affirmatively regarding any prior arrests for all felony charges, specifically sexual abuse related offenses. The criminal background check will verify that this information is correct. The applicant then must take a local, state and federal criminal records check, a personal and employment background investigation and written and oral psychological examination.

All potential volunteers and contractors that will have inmate contact inside the secure facility must also have a completed background check performed prior to admission to the facility. This requires that the applicant affirmatively state that they have not been charged with a sexual abuse offense or be the subject of a sexual harassment allegation.

During the onsite phase of the audit, the auditor met with the Human Resource Manager. He provided the auditor with complete copies of the agency's applications and discussed the full hiring and review process. The auditor reviewed several staff employment records, and was able to see results for background checks, interview results and final decision by the agency. Each of the reviewed records contained the proper application questions and supportive documentation. The Human Resource Manager confirmed that the background check for volunteers, contractors and staff members must be completed and approved by the administration prior to any person being granted entry into the facility. The auditor was provided a list of approved volunteers and contractors which is prepared by a Human Resource staff member and distributed to the control center. Correctional Services staff at the control center will then review this list prior to granting entry to all volunteers and contractors.

The auditor confirmed through these interviews that the agency will not grant employment or approve an individual for volunteer work or as a contractor if he or she has engaged in sexual abuse in a corrections facility or been convicted of a sexual abuse related offense.

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

**115.17(b).** The employment application for staff members and for volunteers includes a questionnaire that specifically asks applicants if he or she was the subject of a sexual harassment allegation.

During interviews, the Human Resource Manager confirmed that sexual harassment allegations are taken into consideration during the approval for hiring and promotion process for all individuals.

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

**115.17(c).** As discussed in 115.17(a) above, the agency completes a criminal background check for all individuals during the hiring process. The agency also completes an employment history check for all individuals during the hiring process.

During the interview with the Human Resource Manager, this requirement was discussed. The agency will not hire an individual who has a negative employment history check. This includes asking prior corrections employers if the individual had a substantiated sexual abuse allegation or resigned during an investigation of sexual abuse. The agency hired 29 persons in the past 12 months. The auditor reviewed the employment files of 15 employees and confirmed that criminal history record checks were conducted. The agency was not able to provide any proof of denying employment based on this evaluation because it had not occurred.

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

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

During the auditor's interview with a Human Resource staff member, he confirmed that background checks are completed before any individual is approved for entry into the secured facility. Once the

background is completed, the application must be approved by administration before the individual's name is entered on the approved list. This process is completed for anyone who will volunteer with inmate programs and with anyone who is contracted staff such as certain medical staff. The auditor reviewed documentation in 3 contractor employment files and 1 volunteer file, all of which contained documentation of criminal history background checks conducted.

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

**115.17(e).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that the facility shall also perform a criminal background records check 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” (p. 21).

During the onsite phase of the audit, the auditor interviewed the Human Resource Manager who confirmed that it is part of their normal procedure. For employees and contractors who have contact with inmates, the agency requires that background checks are performed on these individuals at least once every five years. A review of 15 employee files and 3 contractor employment files confirmed that background records checks of current employees and contractors are conducted at five-year intervals.

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

**115.17(f).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that the facility shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such conduct (p.21).

During the auditor's interview with the Human Resource Manager, it was confirmed the agency follows this policy. He explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. He also confirmed that all employees are required to report any arrests or allegations of sexual harassment.

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

**115.17(g).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 21). A copy of the agency's employment application was also provided to the auditor during the onsite phase of the audit. The application clearly provides the applicant with the wording that “all statements on the application are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency.”

During the interview with the Human Resource Manager, the auditor confirmed the termination process for omission of facts of any information, including sexual abuse and sexual harassment.

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

**115.17 (h).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. During the onsite phase of the audit, the auditor was provided with an application which includes a statement regarding Illinois law and the disclosure of employment information to potential new employers.

During the auditor’s interview with the Human Resource Manager, it was confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee’s sexual abuse and sexual harassment allegations and/or investigations. He stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. He stated that Illinois law does not prohibit providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

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

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. None
2. Interviews:
  - a. Specialized staff
    1. Warden
    2. PREA Compliance Manager

### Findings (by provision):

**115.18(a).** The facility did not provide any documentation regarding this provision. Based on the auditor's review of the agency website and the facility characteristics provided, it is clear there have been no design changes of the current facility or acquisitions of new facilities by the agency since August 20, 2012.

During interviews with the Warden and the PREA Compliance Manager, the auditor confirmed that there have been no design changes in the facility and no new acquisitions. Both confirmed, however, that the PREA Compliance Manager would be part of any future agency growth to consider how the design, acquisition, expansion, or modification would affect the agency's ability to protect inmates from sexual abuse.

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

**115.18(b).** In the PAQ, the facility provided the CCC Staffing Plan. This plan specifies that CCC began the process of upgrading the cameras within its facilities in 2013, with consideration given to PREA. The PREA Compliance Manager was an active part of this project and continues to be involved in the monitoring of technology for future needs to update the video monitoring system based on a review of how it would affect the agency's ability to protect inmates from sexual abuse.

During the onsite portion of the audit, the auditor was able to [REDACTED]. The auditor also interviewed the Warden as well as the PREA Compliance Manager. Both staff members described to the auditor how the agency

constantly evaluates the possible need to improve and expand their technology as it relates to protecting inmates from sexual abuse.

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

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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.) ☒ Yes ☐ No ☐ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (effective November 22, 2019)(p. 7; 17).*
  - b. Guide for First Responders / Operations Lieutenant When Approached with an Inmate Allegation of Sexual Abuse or Harassment
  - c. Licensure for Psychology Services Staff
  - d. MOU – Northwestern Memorial Hospital
  - e. MOU – Rape Victim Advocates (now Resilience)
  - f. Investigations files
2. Interviews:
  - a. Specialized staff
    1. SAFE / SANE staff
    2. PREA Compliance Manager
  - b. Random staff
  - c. Targeted inmates
    1. Inmates who reported a sexual abuse
3. Site Review Observations:
  - a. Medical services

**Findings (by provision):**

**115.21(a).** The auditor was provided several documents in the PAQ for review under this standard. The PREA policy requires the agency to investigate allegations of sexual abuse and to follow a uniform protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy also states that the investigations of sexual abuse



and sexual harassment allegations are performed by the Special Investigative Services (SIS) Unit who are trained PREA investigators. These staff are to conduct an investigation to ascertain the validity of any allegation and the need to contact the Federal Bureau of Investigation (FBI).

During the onsite portion of the audit, the auditor interviewed the SIS investigator. The investigator confirmed that all investigations of sexual abuse are performed in the facility. He stated that the investigators would collect and process evidence under the same protocols that are utilized at all crime scenes. These protocols are used for all evidence collection related to any criminal and administrative investigation in the country and are consistent with the *National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*.

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

**115.21(b).** MCC Chicago does not house youthful inmates.

This provision is N/A.

**115.21 (c).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 7). This policy states that CCC shall offer all victims of sexual abuse access to forensic medical examinations and that they be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at an outside facility and without financial cost to the victim (pp. 4 and 13). Additionally, the policy states that the CCC shall document efforts to secure services from rape crisis centers. The Memorandum of Understanding (MOU) between CCC and the Northwestern Memorial Hospital was also provided in the PAQ. This document indicates a voluntary agreement to provide SANE services for victims who are sexually abused while in custody of CCC. Northwestern Memorial Hospital will provide these services in accordance with Prison Rape Elimination Act of 2003.

During the onsite phase of the audit, the auditor interviewed a PREA investigator who confirmed that all forensic examinations for sexual abuse victims at CCC are performed at Northwestern Memorial Hospital. He stated to the auditor that there is always a SAFE/SANE on call and will respond to the facility, if not already on duty. The auditor contacted Northwestern Memorial Hospital and spoke with a representative who confirmed that forensic examinations for CCC sexual assault victims are performed there. There has been 1 forensic examination performed at Northwestern Memorial Hospital for inmate victims in the past 12 months. This exam was performed by a SAFE / SANE staff member who is a qualified medical practitioner. The PREA Compliance Manager as well as staff contacted at Northwestern Memorial Hospital confirmed that there is no cost to the inmate victim for these forensic examinations. The auditor reviewed investigations files and the use of Northwestern Memorial Hospital for forensic examinations was verified.

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

**115.21 (d).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 7). The facility also provided in the PAQ a Memorandum of Understanding (MOU) between CCC and Rape Victim Advocates (now Resilience). IS 5324.12A states that CCC shall

attempt to make available to the victim a victim advocate. If a rape crisis center advocate is not available to provide victim services, CCC shall make available a qualified staff member from a community-based organization, or a qualified agency staff member. The policy further states that CCC shall document efforts to secure services from rape crisis centers (p. 7). The MOU agreement states that the Rape Victim Advocates (Resilience) will provide inmates who report sexual abuse while in the custody of CCC with appropriate evaluation, advocacy, support and treatment. The agreement further states that all victims, if they choose, shall receive appropriate sexual assault crisis advocacy services.

During the onsite phase of the audit, the auditor interviewed a PREA investigator. The investigator confirmed that a victim advocate would always be contacted to respond to CCC if the forensic examination is required. The auditor interviewed the facility contact at CCC and she confirmed that there is an automatic call for response to all sexual assault investigations. The advocates will respond to the CCC to support the victim during the forensic examination at Northwestern Memorial Hospital. She also stated that victims will have access to up to three individual counseling sessions by phone or in person when a Resilience advocate is requested. During the onsite phase of the audit, the auditor also interviewed inmates who reported a sexual abuse. The inmates who were interviewed verified that they had been in contact with the victim advocate from Resilience and had received services.

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

**115.21(e).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 7). The facility also provided in the PAQ a Memorandum of Understanding (MOU) between CCC and Rape Victim Advocates (Resilience). Northwestern Memorial Hospital, the institution hospital where PREA victims are sent for outside treatment utilizes rape crisis advocates provided by the Resilience. These individuals are notified by the hospital when an inmate is transferred from MCC Chicago for completion of a forensic evidence kit. Psychology Services staff provide on-site rape crisis services during the initial phases of the investigation and treatment procedures as required by IS 5324.12A (p. 7).

An agreement between Rape Victim Advocates (Resilience), has been established and is in effect. There are currently 11 members of their program trained as volunteers and credentialed for entrance in the institution should the need arise for additional support services to a sexual assault victim.

Institution Psychology Services staff perform advocacy services and conduct initial clinical interviews during the investigative phase of the PREA Response Protocol. Identified services are also offered to the inmate and are provided by institution Psychology Services staff unless otherwise determined to be inappropriate.

During the onsite phase of the audit, the auditor interviewed a PREA investigator. The investigator confirmed that a victim advocate would always be contacted by CCC or Northwestern Memorial Hospital to respond. During the onsite phase of the audit, the auditor also interviewed inmates who reported a sexual abuse. The inmates who were interviewed verified that they had been in contact with the victim advocate from Resilience and had received services.

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

**115.21 (f).** The Federal Bureau of Investigation (FBI) is responsible for investigating criminal allegations and adheres to all steps associated with 115.21 (a-e). The FBI utilizes a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

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

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

#### **115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does 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).) ☒ Yes ☐ No ☐ NA

#### **115.22 (d)**

- Auditor is not required to audit this provision.

#### **115.22 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (p. 7).*
  - b. *PREA Allegation Case Logs*
2. Interviews:
  - a. Random Staff
  - b. Specialized Staff
    1. Agency head
    2. PREA Compliance Manager
    3. Investigative staff

### Findings (by provision):

**115.22(a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (p. 7)*. This policy clearly outlines the agency's requirement to perform either a criminal or administrative investigation for all allegations of sexual abuse and sexual harassment. The policy states that the CCC requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility.....staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated investigators. The policy also states that CCC investigates all allegations of sexual abuse and harassment thoroughly and objectively. The Special Investigative Services (SIS) will initiate an investigation and the Evidence Recovery Team will collect evidence in accordance with standard operating procedures (p. 16).

During the onsite phase of the audit, the auditor reviewed the facility's incident reports and grievances from the previous 12 months. There were a total of 4 allegations of PREA related misconduct at the facility. Three of these resulted in an administrative investigation and 1 was referred for criminal

investigation. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not properly investigated. There were 3 allegations for sexual abuse and 1 allegation for sexual harassment. These allegations originated from reports by inmates to staff. All of these allegations were documented and investigated. The auditor reviewed all of the sexual abuse and sexual harassment investigations at the same time. This review included a review of both the reports of sexual abuse and harassment and the documentation of the investigations, including the full investigative reports with findings. There were 4 allegations that were properly investigated. The auditor interviewed the investigator, PREA Compliance Manager and the Warden. They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment. The agency head was interviewed by the auditor and the agency head stated that the agency does ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated that this is completed by the SIS. The Warden receives notification of the investigation by the SIS. The SIS completes a checklist for notifications and initials it for each notification. The PREA Compliance Manager was interviewed and he stated SIS investigates all allegations of sexual abuse and sexual harassment. The SIS investigator was interviewed and also stated that the facility is focused on ensuring that each allegation of sexual abuse or sexual harassment is thoroughly investigated.

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

**115.22(b).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program*. This policy clearly outlines the agency's requirement to perform either a criminal or administrative investigation for all allegations of sexual abuse and sexual harassment. The policy states "At the Warden's discretion, the FBI will be notified....SIS will be responsible for collecting information and evidence." The Special Investigative Services will initiate an investigation and Evidence Recovery Team will collect evidence in accordance with standard operating procedures. Administrative discipline procedures and criminal prosecution of identified sexual perpetrators will be pursued. (p. 16)" The FBI is a Federal agency with the legal authority to conduct criminal investigations. If the allegation involves criminal behavior, CCC refers the investigation to the FBI. The agency's PREA policy is clearly posted on the BOP website, located at:

[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

During the onsite phase of the audit, the auditor interviewed the investigator, PREA Compliance Manager, the Warden and the Agency Head. They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment. The auditor interviewed investigative facility staff who stated that the investigators receive specialized training in the investigation of PREA allegations. The auditor reviewed the facility's incident reports and grievances from the previous 12 months. There were 4 total allegations reported (1 sexual harassment and 3 sexual abuse). There were no allegations of sexual abuse or harassment that were not investigated. The auditor reviewed all 4 allegations and corresponding investigations. The auditor reviewed the facility's PREA Allegations Case Log from the previous 12 months and there was 1 allegation which was referred to the FBI for criminal investigation.

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

**115.22(c).** The auditor was provided PS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program*. This policy clearly outlines the agency’s requirement for the MCC Chicago SIS to conduct an investigation upon notification that an allegation of sexual abuse / assault and / or threat of sexual abuse / harassment is credible. The policy further clarifies that the MCC Chicago will conduct an investigation to ascertain the validity of any allegation and the need to contact the Federal Bureau of Investigation.

During the onsite phase of the audit, the auditor interviewed the PREA Compliance Manager, the investigator and the Warden. They all confirmed that the CCC investigates the initial allegations and makes referrals to the FBI for allegations determined to be credible. This is covered in PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. This policy is published on the agency’s website: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

The auditor reviewed the facility’s PREA Allegations Case Log from the previous 12 months and there was 1 allegation which was referred to the FBI for criminal investigation.

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

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

#### 115.31 (b)

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

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program*.
  - b. Annual Refresher Training (ART) lesson plan, handout, slideshow
  - c. Employee Training Records
2. Interviews:
  - a. PREA Compliance Manager
  - b. Random staff

**Findings (by provision):**

**115.31 (a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that all staff members shall receive documented training in regard to PREA and this training will be provided as a refresher to all employees every two years (*pp. 7-8*). This training includes information related to sexual abuse/assault awareness, prevention, response, and reporting procedures under PREA. The auditor was provided the ART lesson plan for staff training on sexual abuse and sexual harassment and this plan does include the ten points required under this standard. Training logs provided were from 2019 and 2020. These logs show completion of the annual training related to sexual abuse and sexual harassment and the date it was completed.

During the onsite phase of the audit, the auditor interviewed 20 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it prior to the first PREA audit, if they were employed at that time. Each person interviewed confirmed training included the ten points required under this standard. The auditor reviewed training records provided by the PREA Compliance Manager. The auditor selected fifteen (15) random records and located written verification that employee orientation or annual PREA training had been completed.

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

**115.31 (b).** MCC Chicago houses both male and female inmates. Training for staff, therefore, is consistent and there is no need to provide additional training related to a specific gender. The facility, however, has provided a copy of the Annual Refresher Training lesson plan. The lesson plan includes two sections which are specific to male inmate responses to sexual victimization and female inmate responses to sexual victimization. This training is delivered to all staff who supervise inmates.



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

**115.31 (c).** The CCC was previously audited by a certified PREA auditor in 2017. All staff that were employed in 2017 would have received the required PREA training and education at that time. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* requires that all staff receive refresher training annually to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures (p. 8). The PREA policy requires refresher training for staff every 24 months. The CCC practice exceeds the PREA standard requirement.

Training logs provided to the auditor confirm that all staff log into the online training module and complete this every year. This was confirmed by reviewing ten random training records. The auditor also viewed a training log for each year since the previous audit. The complete training record log shows the completion of training for all staff members. Each of the staff members interviewed by the auditor confirmed that they have received PREA training and refresher training.

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

**115.31 (d).** IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* requires that CCC shall document, through employee signature or electronic verification that employees understand the training they have received (p. 8). Institution Familiarization also contains PREA specific training for new employees.

The auditor reviewed the random training records during the post onsite phase of the audit. The records show acknowledgement of completion of PREA training on an annual basis. Records show full completion of the training by staff.

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

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

### **The following evidence was analyzed in making the compliance determination:**

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (p. 8)*.
  - b. Volunteer training affirmation and training confirmation form
  - c. Volunteer Agreement and Training Certification form
  - d. PREA training for Level 1 volunteers
  - e. Level 1 volunteer application form
  - f. Level 1 volunteer training form
  - g. Volunteer official files
2. Interviews:
  - a. Specialized staff
    - a. Volunteers and Contractors who have contact with inmates

### **Findings (by provision):**

**115.32 (a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (p. 8)*. This policy requires that all volunteers and contractors receive documented orientation and training prior to assuming their duties in the facility. This training includes information related to sexual abuse / harassment awareness, prevention, response, and

reporting procedures under PREA. The policy also requires volunteers and contractors receive training on sexual abuse and sexual harassment. The Volunteer Orientation and Refresher Training curriculum was provided in the PAQ as well as documentation of both contractors and volunteers training records.

During the onsite phase of the audit, the auditor interviewed one volunteer and two contracted staff. All of these staff confirmed completion of the orientation program prior to 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 inmates. The auditor reviewed training records for these individuals and other random records. The facility reports that a total of 108 volunteers and contractors in the past year who have received training, however, the number of individual contractors who currently have contact with inmates is 18 and the number of volunteers who have contact with inmates and currently authorized to enter the facility is 60.

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

**115.32 (b).** The auditor reviewed the training curriculum, which is included in the PAQ. The curriculum includes each of the required points listed in the standard.

During the onsite phase of the audit, the auditor interviewed one volunteer and two contracted staff. They all confirmed completion of the orientation prior to being granted access to the secure facility. They confirmed that the orientation included education on the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. The auditor reviewed training records for these individuals and other random records. All of this documentation showed that volunteers and contractors are receiving training as required.

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

**115.32 (c).** The auditor was provided individual training documentation in the PAQ. The signed forms were from the last three years and showed written proof that the volunteer and/or contractor had completed the required orientation material, which included the PREA education.

During the onsite phase of the audit, the auditor interviewed one volunteer and two contracted staff. They all confirmed that they had completed the orientation prior to 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 inmates. The auditor reviewed training records for these individuals.

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

## **Standard 115.33: Inmate education**

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

### **115.33 (a)**

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

#### 115.33 (d)

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

#### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (p.8).*
  - b. Inmate Admission and Orientation Handbook (English and Spanish)
  - c. Inmate PREA Informational Pamphlet
  - d. TRULINCS online inmate email system
  - e. Inmate intake records
  - f. BP-A0518 – *Institution Admission and Orientation Program Checklist form*
  - g. Director's video with PREA information
2. Interviews:
  - a. Specialized staff
    1. Intake staff
  - b. Random staff

- c. Random inmates

3. Site Review Observations:

- a. Housing units

**115.33 (a).** The facility provided a statement in the PAQ to confirm that all inmates receive basic PREA information when they arrive to the facility. The auditor observed during the onsite phase of the audit that this information is given during intake upon the inmate's arrival at the facility. Intake staff provided copies of completed forms *Intake Orientation / Handout Sign-In Sheet*, to provide documentation that the inmates have signed that they have been provided orientation information regarding PREA. During the booking process, the auditor interviewed intake staff and was informed that they provide an Inmate Handbook to each inmate which contains information about what PREA is and how to report incidents of sexual abuse and harassment. This information is provided on pages 76-83 of the Inmate Handbook. The facility also provided a form which documents the inmates' signature for receipt of the basic PREA information.

During the onsite phase of the audit, the auditor observed that there were signs at various locations throughout the facility in English and in Spanish, which provide inmates with the basic PREA information. These signs are in locations where they are readily visible by inmates and were printed in large, bold font. While speaking with staff members, staff explained that they inform inmates of the policy in the inmate handbook, in the informational PREA pamphlet and in the Director's video.

The auditor interviewed 30 random inmates during the onsite phase of the audit. All 30 inmates confirmed that they understood the PREA information and how to ask for help or file a report. 25 of the inmates confirmed receiving the PREA education and 15 stated they did not receive the orientation information in intake. Some of the 15 who stated they did not receive information at intake, stated they knew already what PREA was and did respond that they had seen and read the PREA posters on the walls around the intake area and throughout the facility. The facility provided the auditor with signed / dated acknowledgments of receipt of PREA orientation from all inmates which were interviewed by the auditor.

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

**115.33 (b).** There were 2,814 inmates admitted to the facility during the past 12 months who were given this information at intake. There were 1,023 whose length of stay was 30 days or more and received comprehensive PREA education. In the onsite portion of the audit, the facility provided documentation of inmate orientation logs from classification to show inmate attendance at the comprehensive inmate orientation as well as 18 orientation acknowledgement forms which were signed by the inmates.

The auditor interviewed 30 random inmates during the onsite phase of the audit. Twenty-seven (27) had been housed in the facility for at least 30 days. Of the random inmates interviewed, 25 inmates confirmed that they had received comprehensive PREA training 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 properly respond to incidents of such abuse. The other 15 inmates who had been housed at the facility for at least 30 days responded that they had not received comprehensive training. What they know about PREA, they stated that they knew from the PREA posters, but not from a staff member specifically providing the information. The auditor interviewed three staff from intake in formal and informal interviews, who stated that the PREA information given at intake was in the form of pamphlets and basic information. The case management staff are conducting comprehensive PREA education to inmates within two weeks of their arrival. The auditor interviewed 30 inmates of which 27 had been in the facility for 30 or more days. The response by the inmates was mostly affirmative stating they had received the comprehensive PREA education. Each of these inmates interviewed, however, had signed a form with PREA information, acknowledging their receipt of PREA education.

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

**115.33(c).** The facility provides all inmates with education regarding PREA at intake and during orientation. The PREA Compliance Manager stated that all inmates received initial education at intake and then are given the comprehensive PREA education by case management within 2 weeks of arrival at the facility. This is documented by inmate's signature on an acknowledgement form. The CCC encompasses one facility and is part of the Federal Bureau of Prisons. The policies and procedures of all BOP facilities are the same. Based on this, the additional PREA education is not required upon transfer.

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

**115.33(d).** The auditor was provided information on this provision in the PAQ, which included the IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (pp.8-9)* which states that PREA information shall be provided to the inmates in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

During the onsite phase of the audit, the auditor observed PREA posters in each of the housing units and in several other locations. The posters are in English and in Spanish and inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. The auditor interviewed 20 random staff as well as an intake staff member during the onsite phase of the audit. These staff members provided consistent information that if an inmate is visually impaired or cannot read, orientation materials are read to the inmate by staff or provided through the use of audio or video recordings. For those inmates who do not speak English or are hearing impaired, interpretive services are provided.

Inmates also receive the CCC Booklet – *Inmate Admission and Orientation* (English and Spanish). When asked, the PREA Compliance Manager stated that he or another staff member could read a blind inmate the required PREA education if it was necessary. The auditor interviewed 5 inmates who spoke Spanish and they all confirmed that the facility provided the education in Spanish for them to read.

The auditor interviewed one inmate who stated that he couldn't read. The inmate was able to explain basic PREA information to the auditor.

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

**115.33 (e).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (pp.8-9)*. This policy states that the agency maintain documentation of inmate education sessions.

During the onsite portion of the audit, the auditor requested copies of signed documentation by 15 inmates who were interviewed. The facility provided signed documentation of receipt of basic PREA information upon intake as well as signed documentation of comprehensive PREA education. The facility provided the form (BP-A0518) which contains documentation by inmate signatures that they received the inmate education during the previous 12 months prior to the audit. These forms are sufficient to document that inmates receive the required PREA education.

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

**115.33(f).** During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units, there are signs posted in English and Spanish. These signs remind inmates that sexual abuse is not tolerated and provides the hotline number. During orientation, the inmates are given a copy of the inmate handbook with information about PREA, have access to a grievance to complete, if needed, and a pamphlet available with information for a local rape crisis center. The handbooks are available in the housing units and in the case manager's office and correctional officer's stations. The auditor informally spoke with several inmates during the site review portion of the audit as well as 30 random inmates (in formal interviews during the onsite portion of the audit). All of the inmates interviewed were aware of the information for PREA provided on the posters which are throughout the facility.

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

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)



- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program*(pp.8-9)
  - b. Training certificates
  - c. National Institute of Corrections (NIC) Specialized Training
2. Interviews:
  - a. Specialized staff
    - a. Investigative staff

**Findings (by provision):**

**115.34 (a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 9). The policy includes a provision that requires agency investigators to be trained on the thorough investigation of sexual abuse cases inside the corrections facility. Also included in the PAQ were copies of certificates received by investigators as well as the NIC specialized training record of completion.

The auditor interviewed a PREA investigator during the onsite phase of the audit. The investigator confirmed that he had taken the certification course and had received a certificate. The auditor reviewed the training records and verified that the other facility investigators had taken the specialized training, as well.

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

**115.34 (b).** The facility provided in the PAQ several copies of certificates received by investigations staff for completion of the investigations specialized training. The training includes modules related to the techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor confirmed through an interview with a PREA investigator that the training included information on the four points in this provision of the standard. The Chief of Correctional Services (Captain) and all Lieutenants receive this training in addition to investigative staff.

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

**115.34 (c).** The Human Resources Department maintains a file with the written proof that supervisors in the facility have completed the specialized investigations training. This information is entered into the individual staff member's Training File. Certificates were also included in the PAQ. There are 5 facility investigators at CCC who have all received and completed this training.

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

## Standard 115.35: Specialized training: Medical and mental health care

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (pp. 9-10).*
  - b. Training logs
2. Interviews:
  - a. Specialized staff
    - a. Medical staff
    - b. Mental Health staff

### Findings (by provision):

**115.35 (a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (pp. 9-10)*. The policy requires that all staff in medical and mental health receive training on PREA that includes the four points noted in this provision of the standard. The facility included information on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

During the onsite phase of the audit, the auditor spoke with medical and mental health staff. Each staff member confirmed that they had taken the PREA training which included the four points required under this provision of the standard. The auditor also interviewed a nursing supervisor who confirmed that the training is required for all of the unit's staff members.

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

**115.35 (b).** Medical staff at the facility do not perform forensic examinations. Any inmate who would require the forensic examination due to a sexual assault will be taken to Northwestern Memorial Hospital per policy, therefore, the 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 facility maintains a file with the written proof that all medical and mental health care staff have completed the required PREA training. The auditor viewed the list and confirmed that all current medical staff members had documented completion of the class.

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

**115.35 (d).** Some of the medical and mental health care staff at CCC are contracted staff. Per policy, as stated in standard 115.31, all new staff members are required to complete the employee orientation, which includes the required basic PREA training.

Through interviews with medical, mental health and dental staff, the auditor learned that all staff in the medical unit receive the PREA training during orientation. Logs and training records were also provided to the auditor during the post-onsite phase of the audit which includes signed documentation that medical, mental health and dental staff have received PREA training.

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

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- 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 ☐ No

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (pp. 10-11).
  - b. Screening Tool
  - c. Screening records
2. Interviews:
  - a. Specialized staff
    1. Staff responsible for risk screening
    2. PREA Compliance Manager
  - b. Random inmates
3. Site Review Observations:
  - a. Intake / booking
  - b. Case Management

### Findings (by provision):

**115.41 (a).** The auditor was provided a copy of IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 10) in the PAQ. This policy states that all inmates will be interviewed as soon as possible following admission to the facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This interview is to be documented on the *Sexual Violence Screening Tool*. The case management staff are to assess the individual for special problems and initiate appropriate referrals, as necessary. The auditor was provided copies of completed screening forms for random inmates.



During the onsite phase of the audit, the auditor met with staff who explained the initial screening of inmates. It was confirmed by intake staff and medical that this screening is completed for all new inmates when they enter the facility. The auditor interviewed 30 random inmates and each inmate could recall being asked specific questions during the intake process.

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

**115.41 (b).** The auditor was provided a copy of IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 10) in the PAQ. In the *Screening for Risk of Victimization and Abusiveness* section, the policy states that staff conduct intake screening utilizing the PREA Intake Objective Screening Instrument on all new arrived inmates. In the event an intake cannot be completed upon arrival, inmates are screened within 72 hours of their arrival. There were 2,517 inmates admitted to the facility with a length of stay of 72 hours or more during the previous 12 months prior to the audit. The classification screening was included for all inmates listed.

During the onsite phase of the audit, the auditor reviewed 20 inmate files which all included the screening form. Each of the forms reviewed were completed on the first and second day of the inmate's arrival in the facility. During interviews with case management staff, it was confirmed that the screening of all inmates is done beginning with the inmate's arrival and is completed in the first two days. Also, the auditor interviewed 30 random inmates and each inmate related that they spoke with classification on the first or second day after arrival in the facility.

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

**115.41 (c).** The facility provided a copy of the screening tool to the auditor in the PAQ. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for each individual screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system.

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

**115.41 (d).** The facility provided a copy of the screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in standard 115.41 (d). Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The facility utilizes a psychology services inmate questionnaire in conjunction with the intake screening form. This tool asks the inmate for his or her feeling of safety while incarcerated. The tool also asks if the inmate shows unusual interest in or focus on another inmate, is openly discriminatory of lesbian, gay, bisexual, transgender or intersex, and if the inmate has a current criminal conviction of sexual violence or rape.

During the onsite phase of the audit, the auditor spoke with staff from Unit Management, Psychology Services and Case Management. Case management staff administer the risk screening tool. Psychology Services staff also administer a second screening tool. Staff explained that they speak directly with the inmate to complete the screening tool and ask all the questions on the tool. They are

encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate.

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

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

The auditor interviewed staff members who administer the screening tool during the onsite phase of the audit. Both of these staff members confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. It was explained to the auditor that the screening process begins at intake. The staff complete the screening in person with each inmate. The auditor was told that this is necessary to verify that inmates with a potential to be a predator will not be housed with inmates with a potential to be a victim.

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

**115.41 (f).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 10) in the PAQ. This policy includes a requirement that inmates are reassessed within 30 days from the inmate's arrival at CCC (p. 10).

During the post onsite phase of the audit, the auditor interviewed a case management staff member who stated that inmates are routinely re-assessed. There were 1023 inmates admitted to the facility during the previous 12 months whose length of stay was 30 days or more. Records provided to the auditor showed the reassessment of all 1023 inmates within the 30 day time frame. During interviews with 30 random inmates, the auditor asked if they were asked additional follow-up questions by medical and classification staff and of the 30 random inmates interviewed, 18 responded that they had not been asked the re-assessment questions at any period of time after the initial assessment at intake. Nine answered that yes, they had been asked these questions; and 3 had not been at the facility for 30.

The facility was, however, able to provide documentation of reassessment for risk of victimization or abusiveness.

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

**115.41 (g).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 10). The policy includes a requirement that inmates are reassessed when warranted. The policy states, "Subsequent review of an inmate's risk for sexual victimization / abusiveness will be undertaken by Unit Management staff within the first 30 days of arrival, should

additional information be obtained by CCC staff. Specifically, staff will notate if additional information was received by checking the appropriate box on the intake screening form (follow-up stamp) and initialing next to the response. Psychology Services Staff will conduct assessments of risk for abusiveness / victimization whenever information is obtained suggesting the need to do so.” (p. 10).

During interviews with case management staff and psychology staff they stated that they will reassess an inmate at any time based on information that is received from other staff, inmates or through incident reports. During interviews with 30 random inmates, some of the inmates stated they were not familiar with this process and did not recall being asked follow-up questions by staff. The auditor reviewed 20 documents of reassessment – both initial and re-assessment during the post-onsite phase of the audit. The files reviewed showed documentation of a reassessment or referral for reassessment. The CCC PREA Checklist indicates that mental health is to reassess both the victim and the perpetrator following an allegation of sexual abuse and sexual harassment.

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

**115.41 (h).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 10). The facility also provided Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states, “If an inmate refuses to respond or elects not to disclose information that applies only to questions about disabilities; Gay, Lesbian, Bisexual, Transgender, Intersex (GLBTI) status; gender nonconformance; previous sexual victimization; and the inmate’s self-perception of vulnerability, he/she may not be disciplined.” (p. 32)

During staff interviews, the auditor learned that staff cannot recall a case where an inmate has refused to answer questions for the screening tool. They state, however, that no inmate would be disciplined if they chose not to answer the questions. Although the responses were important for staff to be able to safely house inmates, case management staff could still safely house an inmate without the responses, but with additional monitoring for inmate safety.

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

**115.41 (i).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 10) and Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement states, “Any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The policy requires that staff safeguard the information to avoid the use of the information to the detriment of the inmate.”

During the onsite phase of the audit, the auditor spoke with the PREA Compliance Manager, Psychology Services and Case Management staff. All confirmed that the information in the screening tool was only available for review by staff with the coordinating computer profile to access the information. The PREA Compliance Manager stated that other staff may see the result of the inmate’s vulnerability or predatory status, but they do not have access to view the supporting information for

the decision. During the site review, the auditor asked several random staff members how this information was stored and it was relayed to the auditor that the information is on a computer database in which only certain staff members such as case managers can access with their security computer profile. Case management staff also stated that hard copies are kept in a locked cabinet in their office which is also locked.

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

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to

a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (November 22, 2019).
  - b. *Screening for Risk of Victimization and Abusiveness*
  - c. Screening records
  - d. Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program* (June 4, 2015).
2. Interviews:
  - a. Specialized staff
    1. PREA compliance manager
    2. Staff responsible for risk screening
  - b. Targeted inmates
    1. Transgender inmate
    2. Gay / lesbian inmates

### Findings (by provision):

**115.42 (a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 11) and Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program* (p. 33). The policy includes language regarding the use of the screening information. The policy states, “Once an inmate has been identified as a victim or perpetrator, or as “at risk” for victimization or perpetration, Unit Management should review classification options.

These options may include: transfer to a special treatment program, transfer to a greater or lesser security facility, application of a public safety factor (sex offender), or changes in housing units, cell assignments, work assignments, and/or education assignments.” The facility provided several copies of completed inmate screening forms. Each were completed for inmates that had no risk factors and were not identified as potential predators.

During the onsite phase of the audit, the auditor interviewed staff from case management, and they confirmed that housing assignments, classification and access to programs are all impacted by the information derived from the risk screening. The auditor reviewed 20 completed assessments and could see the final determination for housing was obtained through this document. The outcome of the inmate screening is utilized to safely house, classify and schedule inmate programs. The PREA Compliance Manager also confirmed that inmate screening is utilized for housing and classification decisions.

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

**115.42(b).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 11) and Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program* (p. 33), which states that the CCC shall make individualized determinations about how to ensure the safety of each inmate.

The auditor interviewed staff from classification during the onsite phase of the audit. Case management staff related to the auditor that they review each inmate individually to determine the best housing and classification assignments to provide the safest housing possible.

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

**115.42 (c).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 11) and Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program* (p. 33), which states that “the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such inmates.”

During the onsite phase of the audit, the auditor interviewed several staff members regarding the housing of transgender and intersex inmates. The PREA Compliance Manager confirmed that inmates are reviewed on a case by case basis, which is consistent with the policy. It was evident in interviews with random staff that the facility would not house transgender inmates simply based on anatomy.

A transgender inmate was interviewed who stated they were interviewed by the facility’s mental health and medical staff prior to being assigned housing. The inmate stated that they felt they were treated with dignity and their safety was considered in the housing decision. The inmate further stated that they were not housed in administrative confinement for the purpose of determining housing.

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

**115.42 (d).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 11) and Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program* (p. 33). Also, a memorandum was provided by the Warden (March 2, 2020), which states that transgender inmates are assessed by Psychology Services for their individual need for enhanced monitoring for security purposes. A recommendation for monitoring is forwarded to the Captain and, if he concurs with the recommendation, specific and individualized monitoring enhancements are provided to Unit Management for implementation. Staff monitor the housing and work details of these inmates to ensure they are not celled with or assigned to work alongside an inmate identified as a predator.

The auditor interviewed psychology, case management and custody staff and the PREA Compliance Manager during the onsite phase of the audit. Staff confirmed that this review would be performed at least twice per year for the safety of the inmate, regardless of the inmate's sexual orientation or status as a transgender person or intersex. The auditor also interviewed a staff member who is responsible for risk screening and this person also confirmed that intersex and transgender inmates would be reassessed every 6 months during their time at the facility.

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

**115.42 (e).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 11) and Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program* (p. 33). These policies state that any inmate self-identifying as transgender or intersex, or who is believed to be transgender or intersex will be interviewed by Psychology Services to assess their risk for victimization. Measures to ensure the individual's health and safety are made on a case-by-case basis with input from the individual regarding their own personal safety.

During the onsite phase of the audit, the auditor interviewed staff from case management and psychology, and they confirmed that this question is asked prior to making a decision on safe housing. The PREA Compliance Manager was interviewed and also stated that transgender and intersex inmates are asked their opinion of their safety in population before a decision is made regarding a housing assignment. The auditor interviewed a transgender inmate while onsite and the inmate indicated that they felt staff gave the inmate's own views about their personal safety consideration in housing assignments, although they did not remember being specifically asked questions of this nature.

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

**115.42 (f).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 11) and Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program* (p. 33). The policies clearly state that these inmates will be given the opportunity to shower separately from other inmates.

A transgender inmate was interviewed by the auditor during the onsite phase of the audit. The inmate indicated that they were able to shower by themselves which made them feel comfortable. The PREA Compliance Manager was interviewed by the auditor and was asked about showers and he confirmed



that transgender and intersex inmates are provided the opportunity to shower separately from other inmates.

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

**115.42 (g).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (p. 11) and Program Statement 5324.12 - *Sexually Abusive Behavior Prevention and Intervention Program* (p. 33). The policies state that the facility will not place lesbian, gay, bisexual, transgender or intersex (LGBTI) inmates in dedicated housing units solely on the basis of such identification or status.

The auditor interviewed an inmate who identified as bisexual and an inmate who is transgender during the onsite phase of the audit. Both inmates were housed in general population and stated that they were not housed based on their sexual orientation and not housed in a specific location with other bisexual, transgender or gay/lesbian inmates. The PREA Compliance Manager confirmed that the facility does not house inmates based on their identification as LGBT, and there are no such units in the facility. The auditor reviewed the housing rosters and could not identify a housing unit classified as a LGBT unit.

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

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts 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 ☐ No ☐ NA
- If the facility restricts any 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 ☐ No ☐ NA
- If the facility restricts any 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 ☐ No ☐ NA

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

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

a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 12).

b. PS 5270.11 – *Special Housing Units* (effective November 23, 2016) (pp. 8-10).

c. Screening records

2. Interviews:

a. Specialized staff

1. Warden

2. Staff who supervise inmates in segregated housing

b. Targeted inmates

1. Inmates in segregated housing (for risk of sexual victimization / who allege to have suffered sexual abuse)

c. Site review observations

1. Segregated housing units

**Findings (by provision):**

**115.43 (a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* and PS 5270.11 – *Special Housing Units*. The policy states, “you may be placed in administrative detention status as a protection case in the following circumstances: victim of inmate assault or threats, inmate informant, inmate refusal to enter general population, or staff concern. When an inmate is placed in Administrative Detention for an investigative period and the threat is verified, correctional officials should seek alternative housing, by transferring the threatened inmate either to the general population of another institution or to a special-purpose housing unit for inmates who face similar threats, with conditions comparable to those of the general population.” If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

During the onsite phase of the audit, the auditor reviewed housing logs for the segregation housing units. It did not appear that there were inmates housed in segregation due to their high risk for sexual victimization. The auditor interviewed the Warden and a correctional services lieutenant. Both confirmed that the facility would not place inmates in involuntary segregation in order to keep them safe in custody. The auditor was told that inmates often request protective custody to remain safe, but this housing is in an open housing unit reserved for those that request protective custody. The auditor was told that administrative confinement is used to house inmates that are at risk, but this use of segregation is documented. It was also explained that these housing assignments are routinely completed within the first 24 hours of an inmate's incarceration.

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

**115.43 (b).** The policy provides a clear description of the services, programs, access and rights for all inmates held in segregation at the facility (*p. 8*). The policy states that inmates must be provided the same access to programs, privileges, education, and work opportunities to the extent possible. If CCC restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

During the onsite phase of the audit, the auditor interviewed staff members that work in the segregated housing units. It was confirmed that the facility provides segregated inmates full access to programs and services, just as any other inmate. The auditor spoke with inmates that were housed in segregation and learned that inmates can receive mail, have visitation, go to programs and receive commissary. There were no inmates currently in custody who had been placed in involuntary segregation based on their high risk for sexual victimization. There were no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting alternative assessment. During the onsite review, the auditor walked through segregated housing units and verified inmate access to telephones and mailboxes. The auditor also located grievance forms available at the officer's station. The PREA Compliance Manager confirmed that use of segregation is limited and used as a last resort.

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

**115.43 (c).** The policy states that CCC shall assign inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. This exact language is duplicated in PS 5270.11 – *Special Housing Units* (*p. 7*). The policy further states that each inmate in protective custody shall be afforded a review to determine whether there is a continuing need for separation from the general population (*p. 7*).

During the onsite phase of the audit, the auditor interviewed case management staff, the PREA Compliance Manager and the Warden. All of these staff interviewed confirmed that inmates in segregation were reviewed at least once per month to determine if they would remain in segregated housing or if other alternatives were available. There were no inmates at risk of sexual victimization

who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. A transgender inmate was interviewed and was able to confirm the housing decision process, access to programs and services or length of time in segregation. The auditor was provided with enough information to determine that this process is ongoing and part of the normal facility procedures.

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

**115.43 (d).** The requirement to document involuntary segregation is clear in PS 5270.11 – *Special Housing Units* (p. 7). There were no instances in the past 12 months of inmates at risk of sexual victimization who were held in involuntary segregated housing, therefore, the auditor was not able to review any documentation of occurrences of this type. The PREA Compliance Manager also stated that there were no instances of involuntary segregation in the past 12 months.

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

**115.43 (e).** In the PAQ, the auditor was provided PS 5270.11 – *Special Housing Units*. This policy clearly states that reviews for all inmates held in segregation are to be reviewed at least every 30 days to determine if there is a continuing need for segregation from general population (p. 7).

At the time of the audit, there were no inmates held in involuntary segregation due to high risk of sexual victimization. The auditor was, therefore, unable to interview inmates to confirm the process. This was confirmed by reviewing the list of inmates currently housed in segregation. The Segregation Review Official (SRO) conducts a review of inmates in detention status after 30 calendar days of SHU placement. Psychological assessments occur every 30 calendar days an inmate is in continuous SHU housing.

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

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☒ Yes ☐ No ☐ NA

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

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

- a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 12).
- b. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 35).
- c. Inmate Admission and Orientation handbook (English and Spanish)
- d. Unit Bulletin Board Signs
- e. OIG Email Memorandum
- f. Third Party Reporting flyer (visiting room)

## 2. Interviews:

- a. Random staff
- b. Specialized staff
  - 1. PREA Compliance Manager
- c. Random inmates

## 3. Site Review Observations

- a. Housing units

### Findings (by provision):

**115.51 (a).** In the PAQ, the auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* and PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. These policies clearly define the multiple ways that inmates can file reports of sexual abuse, sexual harassment, retaliation for making such reports and reports of staff neglect or lack of responsibility. The policies mention that CCC provides at least one resource for inmates to report abuse or harassment to an outside public entity and allows the inmate to remain anonymous upon request. The policy also mentions that inmates can privately report sexual abuse and sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. CCC staff may report incidents verbally, in writing, anonymously and from third parties (p. 35).

During the onsite phase of the audit, the auditor completed a site review and visited the housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in an easy to read location near the telephones. The auditor interviewed 30 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All of the inmates interviewed mentioned the PREA posters and the TRULINCS email system or COP out form (inmate correspondence with staff form) as their first avenue to report abuse. The auditor checked the inmate telephones and verified that the phone would connect with the hotline and it did. The PREA posters specify that inmates may tell any staff member at any facility, file an administrative remedy, send an electronic message to staff via the

DOJ Sexual Abuse Reporting Mailbox (TRULINCS) and in writing to the Office of the Inspector General. The auditor interviewed 20 random staff members. All staff could list at least four different ways that inmates could report sexual abuse.

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

**115.51 (b).** The agency provides the address to the Office of the Inspector General with the U.S. Department of Justice, Investigations Division. OIG is a component of the Department of Justice and is not a part of the Bureau of Prisons. The facility does not house inmates solely for civil immigration, so CCC does not have to comply with this part of the provision.

During the onsite phase of the audit, the auditor located signs throughout the facility with the various methods for inmates to report, which included the information for the Office of the Inspector General. The auditor interviewed 30 random inmates while onsite at the facility and all referenced the information listed on the PREA posters as a method of reporting sexual abuse and sexual harassment.

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

**115.51 (c).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor in the PAQ. This policy states that staff must accept verbal reports of sexual abuse and sexual harassment from inmates and third parties and promptly document those reports (p. 35).

During the onsite phase of the audit, the auditor interviewed 20 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. Each of the 30 random inmates interviewed were aware that they could report sexual abuse directly to any staff member.

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

**115.51 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor in the PAQ. The policy states that staff may contact any supervisory staff at the local institution, Regional staff, or Central Office staff, including the Regional PREA Coordinators and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General, as appropriate (p. 35-36).

The auditor interviewed 20 random staff members. All of the staff interviewed were able to explain their options for privately reporting and that they could privately make reports to their supervisors.

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

## **Standard 115.52: Exhaustion of administrative remedies**

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

#### **115.52 (a)**



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

#### 115.52 (b)

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

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 1330.18 – *Administrative Remedy Program* (effective January 6, 2014) (p. 14).
  - b. Sexually Abusive Behavior Prevention and Intervention pamphlet (July 2018).
  - c. Screening records
  - d. Inmate Handbook
2. Interviews
  - a. Specialized staff
    1. PREA Compliance Manager
  - b. Targeted inmates
    1. Inmates who reported a sexual abuse

### Findings (by provision):

**115.52 (a).** PS 1330.18 – *Administrative Remedy Program* provides administrative procedures for inmates to address inmate grievances regarding sexual abuse. The agency is not exempt from this standard.

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

**115.52 (b).** In the PAQ, the auditor was provided PS 1330.18 – *Administrative Remedy Program*. This policy outlines the points in this provision (p.13). The policy does not impose a time limit for filing a grievance related to sexual abuse, but does apply a time limit for other grievances and there is no requirement for inmates to use other informal grievance processes before filing the grievance regarding sexual abuse. The facility provides inmates with the policy regarding grievances in the

*Sexually Abusive Behavior Prevention and Intervention (SABPI)* pamphlet. The information provided in the inmate rules does not conflict with the information in the facility policy.

During the onsite phase of the audit, the auditor spoke with several staff members during the site review. Staff were aware that inmates could file a grievance in order to make an allegation of sexual abuse. The grievance forms were available throughout the facility.

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

**115.52 (c).** PS 1330.18 – *Administrative Remedy Program* was provided to the auditor in the PAQ. The grievance policy states that CCC shall 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, and such grievances are not referred to a staff member who is the subject of the complaint (p. 14). The auditor confirmed through interviews with the PREA Compliance Manager that inmates may submit a grievance in a sealed envelope directly to him. Interviews with random inmates indicated that inmates were aware that they could submit grievances in this fashion.

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

**115.52 (d).** In PS 1330.18 – *Administrative Remedy Program*, the policy clearly identifies the required time limits for completion of the grievance response and the notifications to the inmate if an extension of time is necessary (p. 14).

In the past 12 months, there were no grievances filed that alleged sexual abuse. The auditor was able to review the grievances and none were found to have been in relation to allegations of sexual abuse or harassment. Based on this, there were no grievances filed that involved extensions because the final decision was not reached within 90 days. The auditor also interviewed 5 inmates who had reported sexual abuse and all five of these inmates reported that they did not report the abuse via the grievance process, but by other options. The information relayed to the auditor by the inmates interviewed is that they use the TRULINCS email system or a Cop out form to report any issues they have.

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

**115.52 (e).** In PS 1330.18 – *Administrative Remedy Program*, the auditor was able to verify that the facility will accept grievances and allegations of sexual abuse from third parties, including inmates, family, advocates and attorneys. The policies also allow for the inmate that is the alleged victim to decline the filing of the report (p. 14-15).

In the past 12 months, the facility received no reports from third parties.

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

**115.52 (f).** PS 1330.18 – *Administrative Remedy Program* includes a provision for an inmate who feels that he or she is subject to imminent substantial risk of sexual abuse to submit an emergency grievance. The provision includes a 48 hour time frame for the initial response and a requirement that a final agency decision will be made within five calendar days. The initial response and final agency

decision is required to be documented and will contain the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance (p. 15).

In the past 12 months preceding the audit, there were no emergency grievances filed alleging substantial risk of imminent sexual abuse. The auditor was, therefore, not able to confirm this process.

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

**115.52 (g).** The auditor was provided PS 1330.18 – *Administrative Remedy Program*. In this policy, the facility addresses limitations on discipline for inmates (p. 16). The policy states that inmates will not be disciplined for filing a grievance related to alleged sexual abuse, however, the inmate may receive discipline when the agency demonstrates that the inmate filed the grievance in bad faith.

In the past 12 months preceding the audit, there were no incidents of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

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

## **Standard 115.53: Inmate access to outside confidential support services**

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

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

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

#### **115.53 (c)**

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

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program (effective November 22, 2019) (p. 13-15).*
  - b. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program (effective June 4, 2015) (p. 35).*
  - c. Memorandum of Understanding — Rape Victim Advocates (now Resilience)
  - d. Memorandum of Understanding – Illinois Coalition Against Sexual Assault
  - e. Memorandum of Understanding – Rape, Abuse, and Incest National Network (RAINN)
  - f. Sexual Assault Victim Services pamphlet
  - e. *Inmate Admission and Orientation Handbook*
2. Interview:
  - a. Specialized staff
    1. Case Management staff
    2. Intake staff
    3. Investigative staff

- b. Random inmates
- c. Targeted inmates
  - 1. Inmates who reported a sexual abuse
- 3. Site Review Observations
  - a. Housing Units

**Findings (by provision):**

**115.53(a).** The auditor was provided information from PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The section marked for review highlights the ways an inmate can report sexual abuse, but it does not provide specific agency information related to outside victim advocates for emotional support services. The CCC provided a copy of a memorandum of understanding (MOU) between the Metropolitan Correctional Center and the Rape Victim Advocates (Resilience). This MOU does state the Rape Victim Advocates (Resilience) will provide victim advocacy services and victim services for the inmates. This agreement was signed 08/14/2017. The MOU states that Rape Victim Advocates (Resilience) will provide victim advocates and counselors for the provision of emotional support services. The handout for inmates with their rules and regulations was reviewed and it also provides information for inmates regarding reporting sexual abuse and it addresses outside emotional support services.

During the onsite phase of the audit, the auditor interviewed 30 random inmates. The majority of the inmates interviewed were aware that outside emotional support services were available. Twenty inmates stated that they were aware of the availability of outside emotional support services; eight stated no, they were not aware and two stated that they were unsure. Of those inmates who answered that they were aware of the availability of outside emotional support services, they also stated that the facility did allow communication with these providers confidentially. The auditor also interviewed 5 inmates who had reported prior sexual abuse and 3 answered affirmatively that they were provided access to emotional support services and were aware that it was available. The other 2 inmates stated that they were not provided information about emotional services availability, however during the course of the interview, they confirmed that they had received services from Rape Victim Advocates (Resilience). The interviews with these inmates indicated that they were aware and were able to articulate to the auditor that they had been provided counseling sessions with this agency. During the site review, the auditor talked with case management and Psychology Services staff who showed the auditor the victim advocate pamphlet which is given to inmates for informational purposes. This information is given to the inmates for them to keep. The pamphlet contains a phone number to the toll-free, 24-hour crisis hotline. The services provided are also stated in the pamphlet as free and confidential. The address is not on the pamphlet, however the point of contact who the auditor spoke to at the agency stated that it is available for the inmate when they call the toll-free number. They further stated that the general public (inmate families) can see the address on the agency website. The PREA investigator also showed documentation in the PREA log of inmates offered emotional support services from the victim advocate. The pamphlet provided a phone number to call, which did not require the inmate to enter their individual phone pin number.

The auditor also spoke to the sexual assault advocate who is the agency point of contact at the Rape Victim Advocates (Resilience), the Illinois Coalition Against Sexual Assault and the Rape, Abuse, and Incest National Network. These local providers related that there is an MOU in place and that they have provided services to inmates at the CCC. A test call was made to the toll free numbers provided to the inmates in the pamphlet. The auditor was able to utilize this number to make contact with staff at the agency. These staff were able to explain to the auditor that the agency assists inmates with victim advocacy and counseling at no cost and confidentially.

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

**115.53(b).** The facility has provided information regarding the extent to which inmate communication with outside emotional support services will be monitored. The PREA Compliance Manager stated that inmates can call the hotline number for the Rape, Abuse and Incest National Network which is an 800 toll free number. All calls are recorded in the facility, however, a recording indicating this is given prior to the initiation of the connected call. The MOU with the Rape Victims Advocates (Resilience) indicates that persons in custody of the CCC shall have reasonable access to confidential phone calls with a Rape Victims Advocates (Resilience) crisis counselor through the use of the Rape Victims Advocates 24 hour crisis line. The Illinois Coalition Against Sexual Assault is a local advocacy service which provides a local phone number which is without charge to the inmate.

All inmates who report sexual abuse are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws which is noted on p. 36 of IS 5324.12A. The auditor did receive information about reporting to authorities, when necessary, based on the state of Illinois' mandatory reporting laws.

Through interviews with 30 random inmates, the auditor learned that 20 of the inmates were aware of the available access to outside emotional support services. Eight inmates stated that they were not aware and two stated that they were unsure. Also, the auditor interviewed 5 inmates who had reported sexual abuse. Although 2 of these inmates indicated that they were not aware of these services, they had received services. Many of the random inmates interviewed were not aware if communication with outside emotional support services was monitored, although they were informed by staff, admittedly, that communications were not monitored in these circumstances.

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

**115.53 (c).** In the PAQ, the auditor was provided a copy of a memorandum of understanding (MOU) between the Metropolitan Corrections Center (CCC) and the Rape Victim Advocates (Resilience). This MOU was signed by both parties on 08/14/2017.

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

## Standard 115.54: Third-party reporting



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

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 13-15).
  - b. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 37).
  - c. PREA posters with hotline phone number

### Findings (by provision):

**115.54 (a).** The auditor was provided IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* and PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy states that the CCC has a zero-tolerance standard for all forms of sexual abuse / harassment in accordance with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect and Respond to Prison Rape. On the BOP website, there is information available regarding how to report an incident of sexual abuse or sexual harassment of an offender. This information contains directions to contact the local institution's PREA Compliance Manager, or by

writing to the Federal Bureau of Prisons National PREA Coordinator and/or to the Federal Bureau of Prisons Office of Internal Affairs. The addresses to these agencies is given. This information can be found at: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp). Throughout the facility, the PREA posters are visible. These posters with information regarding how to report, including through a third-party, are visible in the front entrance lobby.

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 37).
2. Interviews:
  - a. Specialized staff
    1. Medical staff
    2. Mental Health staff
    3. Warden
    4. PREA Compliance Manager
  - b. Random staff

#### Findings (by provision):

**115.61 (a).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. This policy requires that all staff members promptly report any knowledge or

suspicion of sexual assault or sexual harassment of an inmate (p. 37). This is true whether or not the abuse occurred in their facility. Staff are also to report any information regarding retaliation against inmates or staff due to their reporting allegations of sexual abuse and knowledge of staff neglect or lack of responsibility.

During the onsite phase of the audit, the auditor interviewed 20 random staff members. Every person interviewed clearly stated that they were required 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).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* also includes a prohibition on releasing any information related to a sexual abuse report to anyone other than to the extent necessary (p.38).

Random staff interviewed clearly understood the requirement to maintain confidentiality of sexual assault and sexual harassment cases. Each of the 20 random staff members interviewed reported that they were only allowed to discuss these cases with persons who needed to know the information for official business.

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

**115.61 (c).** The State of Illinois requires mandatory reporting of incidents of sexual abuse of an inmate under Illinois state statutes 210 ILCS30; Illinois Administrative Code CH.I. Sec. 50. These statutes do not provide an exception for medical and mental health practitioners and all staff members of the CCC are required to immediately report all incidents of sexual abuse of an inmate.

During the onsite phase of the audit, the auditor interviewed five staff members from the medical department. All of these staff members confirmed that they are mandatory reporters of sexual abuse of inmates. Staff also confirmed that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate.

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

**115.61 (d).** In the State of Illinois, staff are required to report allegations of sexual abuse of a person under the age of 18 to the Department of Children and Family Services. The auditor interviewed the Warden and the PREA Compliance Manager during the onsite phase of the audit. They both confirmed that the Department of Children and Family Services would be immediately notified of any allegation of sexual abuse of a youthful offender housed in the facility, however, CCC does not house youthful offenders.

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

**115.61 (e).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (p.38) states that staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report (i.e., “third party”). The institution PREA Compliance Manager refers the incident for

investigation to the appropriate office and reviews the incident for any further response. As the severity of the sexually abusive behavior increases, so should the level of response.

During the onsite phase of the audit, the auditor interviewed the Warden who confirmed that the facility investigates all allegations of sexual abuse and sexual harassment. All allegations are forwarded to the Special Investigative Services (SIS) or to the Office of the Inspector General (OIG) if the alleged abuser is a staff member. The policy as well as the Warden confirm that if the allegation involves criminal behavior, CCC will refer the allegation for investigation to the Federal Bureau of Investigation (FBI). A review of the investigations log reveals that one inmate allegation against another inmate was referred to the FBI in the previous 12 months.

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

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 13-15).

b. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 37).

2. Interviews:

a. Specialized staff

1. Agency Head
2. PREA Compliance Manager
3. Warden

b. Random staff

**Findings (by provision):**

**115.62 (a).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* and IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program*. These policies outline prevention efforts employed to further the agency’s zero tolerance policy.

The auditor interviewed the Agency Head and the Warden during the onsite phase of the audit as well as the PREA Compliance Manager. All of these staff members stated that all staff members are to immediately take action to protect any inmate if they become aware that he or she is in imminent danger of being abused. The auditor interviewed 20 random staff members. All of these staff members stated that they always react immediately if they see someone in imminent danger. The auditor reviewed 4 sexual abuse investigations from the previous 12 months and each of the investigations were handled immediately upon learning of the allegation. In the past 12 months, there were no incidents of a time when the agency determined that an inmate was subject to a substantial risk of imminent sexual abuse.

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

## **Standard 115.63: Reporting to other confinement facilities**

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

#### **115.63 (a)**

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

#### **115.63 (b)**

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 15).
  - b. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 39-40).
2. Interviews:
  - a. Agency Head
  - b. Warden

### Findings (by provision):

**115.63 (a).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy addresses investigations of allegations while the inmate was confined at another facility. If an inmate reports sexual abuse which occurred in another facility, the policy requires the facility to immediately notify the administrator of the other facility about the

alleged violation (p. 39). This notification is to be done within 72 hours after the inmate discloses the allegation.

During the onsite phase of the audit, the auditor spoke with the PREA Compliance Manager and he reported that the facility does make these notifications. In the past seven 12 months, the facility has received eleven allegations that an inmate was abused while confined to another facility. In 10 of the 11 of these cases, the facility where the allegation was said to have occurred was contacted by phone and documented with an email within 72 hours. The auditor reviewed these files during the onsite phase of the audit. One of the 11 notifications were not completed within 72 hours of receiving the allegation due to the inmate being placed on suicide watch upon admission. The other correctional institution was immediately notified when the inmate was released from suicide watch and interviewed by the SIS staff. Documentation in the record shows the written notification to the other facility and a confirmation that the investigation has begun.

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

**115.63 (b).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy addresses investigations of allegations. If an inmate reports sexual abuse in another facility, the policy requires the facility to immediately notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document notification (p. 39).

During the onsite phase of the audit, the auditor spoke with the PREA Compliance Manager. He confirmed that the facility would make these notifications immediately and always within 72 hours of learning of the allegation. In the past seven 12 months, the facility has received eleven allegations that an inmate was abused while confined to another facility. In 10 of 11 of these cases, the facility where the allegation was said to have occurred was contacted by phone and documented with an email within 72 hours. One of eleven notifications were not completed within 72 hours of receiving the allegation due to the inmate being placed on suicide watch upon admission. The other correctional institution was immediately notified when the inmate was released from suicide watch and interviewed by SIS staff. The auditor reviewed these files during the onsite phase of the audit. Documentation in the record shows the written notification to the other facility and a confirmation that the investigation has begun.

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

**115.63 (c).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that the agency shall document that it has provided documentation of notification of the allegation to the head of the facility or appropriate office of the agency where the allegation occurred.

The facility provided the auditor a log of the allegations from the past year with documentation of the date the facility where the incident allegedly occurred was contacted. In all of the eleven cases from the past 12 months, each facility was contacted and a date provided to the auditor.



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

**115.63 (d).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards (p. 40).

During the onsite audit, the Warden was interviewed and he stated that he and the PREA Compliance Manager ensure that allegations received from other facilities are investigated in accordance with current PREA standards. The Warden further stated that CCC had one report from another facility of an allegation of sexual abusive behavior / harassment had occurred at the facility. This report was documented and investigated utilizing the current investigation standards and was determined to be unfounded.

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

## **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

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

#### **115.64 (b)**

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

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 15).
  - b. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 40).
2. Interviews:
  - a. Targeted inmates
    1. Inmates who reported sexual abuse
  - b. Specialized staff
    1. Correctional Services staff first responders
    2. Non-custody staff first responders
  - c. Random staff

### Findings (by provision):

**115.64 (a).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy outlines the responsibilities for staff members to provide safety for inmate victims and immediate response to ensure a proper investigation is performed. The policy includes each of the points specified in the provision of this standard.

The auditor interviewed 20 random staff members during the onsite phase of the audit. Each person could easily provide the auditor with these initial first responder steps. The auditor interviewed a Correctional Services staff first responder and he confirmed that the required steps were taken to

protect the crime scene, separate the two inmates and preserve physical evidence. The auditor also interviewed a non-custody first responder who was also able to articulate the proper steps to take if they were to be a first responder to an incident of sexual abuse. The auditor interviewed 5 inmates during the onsite phase of the audit who reported sexual abuse. All of these inmates interviewed reported that the facility responded immediately. The inmates reported that they were separated from the alleged abuser and asked to avoid doing things to destroy potential evidence. The PREA Compliance Manager was able to provide information from the investigations files for these inmates to confirm the documentation of the steps taken following the inmate's allegations.

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

**115.64 (b).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that non-custody staff first responders immediately request that the alleged victim not take any actions that could destroy physical evidence and then notify correctional services staff (p.40).

During the onsite phase of the audit, the auditor talked with several staff members during the site review. Every individual easily explained the initial steps to take as a first responder, including non-custody staff members. The auditor interviewed 20 random staff members and all staff knew the first response steps to ensure safety for inmates and proper investigations. There were 4 allegations that an inmate was sexually abused during the past 12 months. In all of these cases, the alleged victim was separated from the alleged abuser. Three of these allegations allowed for a time period which still allowed for the collection of physical evidence. Three of these allegations also noted that the staff member preserved and protected the crime scene, requested that the alleged victim not take actions that would destroy physical evidence.

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

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 15).
  - b. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 40).
  - c. First Responder Document
2. Interviews:
  - a. Warden

### Findings (by provision):

**115.65 (a).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires a coordinated response for actions to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leadership. The plan includes definitions for prohibited behaviors. The coordinated response plan includes directives for medical and mental health practitioners, and provides steps to be taken for the investigation and evidence collection. Since these responsibilities are handled by staff members of the same agency, the facility is able to coordinate the activities, monitor for completion and document in the inmate records and investigation files.

During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Warden. It was confirmed that all areas of the facility work together in response to any incident, including sexual abuse allegations. The PREA Compliance Manager stated that the coordinated response plan is referenced for any response to a sexual abuse allegation. The auditor reviewed 4 sexual abuse investigations during the onsite phase of the audit. All of the investigation files contained a PREA checklist to cover the requirements of the policy. The facility also provided a First Responder Guide which specifies the coordination of various staff in the facility in response to an inmate allegation of sexual abuse or harassment.

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

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program (effective June 4, 2015) (p. 42-43).*
  - b. *Collective Bargaining Agreement between Federal Bureau of Prisons and Council of Prison Locals, American Federal of Government Employees (Master Agreement)*
2. Interviews:
  - a. Agency head

## Findings (by provision):

**115.66 (a).** PS 5324.12 – SABPIP and the *Master Agreement* were provided in the PAQ. This agreement does not 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.

During the onsite phase of the audit, the auditor interviewed the agency head who confirmed that this agreement does not limit their ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation.

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

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 16-17).
  - b. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 42).
  - c. Sexual abuse investigations files
2. Interviews:
  - a. Targeted inmates
    1. Inmates who reported a sexual abuse
    2. Inmates in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse
  - b. Specialized staff
    1. Warden
    2. Designated staff member charged with monitoring retaliation

### Findings (by provision):

**115.67 (a).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy includes requirements for staff to monitor for retaliation. The policy states that CCC shall 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 (p. 42). The PREA Compliance Manager is assigned to perform the retaliation monitoring of staff and inmates.

During the onsite phase of the audit, the auditor interviewed the PREA Compliance Manager who confirmed that one of his assigned duties is to monitor inmates and staff for potential retaliation. He



stated he does this by meeting with inmates while he performs his rounds in the facility. Staff are monitored through periodic in-person meetings.

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

**115.67 (b).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy outlines the protection measures available for the facility to protect inmates or staff from retaliation (p. 10). The policy includes housing changes for inmates, removal of alleged staff or alleged abusers from contact with victims and emotional support services.

Through interviews with the PREA Compliance Manager, the auditor was able to confirm the use of these measures to protect inmates and staff from retaliation. The auditor reviewed Retaliation forms during the onsite phase of the audit which are included in the investigative files and document the meetings between the retaliation monitor and the inmate. The auditor interviewed the Warden who stated that they would take advantage of every opportunity to protect reporters of abuse from potential retaliation. The PREA Compliance Manager also stated that he would ensure that any inmate that expressed a fear of retaliation or reported retaliation was always protected. Interviews with inmates who had reported sexual abuse also relayed to the auditor that the retaliation monitor has followed up with them periodically to assess whether or not they were experiencing retaliation.

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

**115.67 (c).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy includes the required time frames for retaliation monitoring (p. 43).

During the onsite phase of the audit, the auditor interviewed staff members to confirm the policy was employed properly. The auditor interviewed the PREA Compliance Manager who stated that he meets with inmates while he performs rounds in the facility. He stated that he could not recall a time when an inmate expressed a concern regarding retaliation. The auditor reviewed 4 investigation files regarding sexual abuse and all of these files contained documentation of retaliation monitoring. The Warden was also interviewed and confirmed that the agency monitors for retaliation for at least 90 days following a report of sexual abuse. The auditor also interviewed 5 inmates who had reported sexual abuse and all could confirm that staff followed up with them to ask if they felt they were being retaliated against.

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

**115.67 (d).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy requires periodic checks of inmates, review of disciplinary reports, program changes or grievances pertaining to fear or concern of retaliation (p. 43).

The auditor was able to review 4 sexual abuse and sexual harassment investigations from the previous 12 months. In each file was documentation of retaliation monitoring. The PREA Compliance Manager stated that he checks with inmates during his rounds through the facility. He keeps records of dates he meets with inmates and a synopsis of the conversation with the inmates and places this

documentation in each investigation file. The PREA Compliance Manager also maintains a retaliation monitoring log. The auditor was able to review this log, as well. The retaliation monitoring was maintained up until the point when the inmate leaves the facility or for up to 90 days.

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

**115.67 (e).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy includes reference to disciplinary sanctions for inmates that are involved with retaliation of another inmates and lists sanctions for staff members that are perpetrators of retaliation against an inmate or another staff member (p. 43).

During the onsite phase of the audit, the auditor interviewed the Warden and the Associate Warden. It was confirmed that the facility would take action against any inmate or staff member if it was proven they had retaliated against another person due to their participation in sexual abuse investigations.

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

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

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

a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 43).

b. PS 5270.11 – *Special Housing Units* (effective November 23, 2019) (pp. 7; 15).

2. Interviews:

a. Specialized staff

1. Warden

2. Staff who supervise inmates in Segregated Housing

b. Targeted Inmates

1. Inmates in Segregated Housing (for risk of sexual victimization / who allege to have suffered sexual abuse)

3. Site Review Observations:

a. Segregated housing

**Findings (by provision):**

**115.68(a).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* and PS 5270.11 – *Special Housing Units*. The policy includes information on the use of protective custody and involuntary segregated housing (p. 43). The policy states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers (p. 8).

During the onsite phase of the audit, the auditor interviewed the Warden, staff who supervise inmates in segregated housing and inmates in segregated housing as well as inmates who had previously reported sexual abuse. Both staff and inmates verify that the facility does not utilize segregated housing to protect an inmate who is alleged to have suffered sexual abuse. In cases that arise, inmates are relocated to other alternative housing units. The facility does, however, have form BP-A1002 *Safeguarding of Inmates Alleging Sexual Abuse / Assault Allegation* which is used to document the safeguarding steps and actions. In the past 12 months, there have been no inmates who have alleged sexual abuse who were held in involuntary segregated housing.

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

**115.71 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

**115.71 (b)**

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

**115.71 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

**115.71 (d)**

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

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.71 (f)**

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

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (policies, directives, forms, files, records, etc.)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 43).
  - b. Memorandum for PREA Audit – External Investigators and PREA Training
  - c. FBI Domestic Investigations and Operations Guide web link
  - d. FBI Memorandum to BOP verifying PREA compliance
  - g. Investigations files (4)
    1. administrative reports
    2. substantiated allegations referred for prosecution (0)
    3. criminal investigation reports
  - h. Grievance logs
  - i. PREA Checklist
  - j. Investigative Staff training records & certificates of training
  - k. record retention schedule
2. Interviews
  - a. Specialized staff
    1. Investigative staff
    2. Warden
    3. PREA Compliance Manager
  - b. Targeted inmates
    1. Inmates who reported a sexual abuse

**115.71(a).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that all investigations of sexual abuse allegations are to be performed promptly and investigated thoroughly and objectively, including third party and anonymous reports.

The auditor interviewed both the PREA Compliance Manager and two other investigative staff at CCC. These staff explained the following process: MCC Chicago investigative staff conduct initial investigations into allegations of sexual assault. This includes preservation of the crime scene and implementation of the evidence recovery protocol. In the event evidence suggests criminal prosecution is possible, the Federal Bureau of Investigation (FBI) is contacted and completes the criminal investigation. The FBI utilizes a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

During the onsite phase of the audit, the auditor interviewed a PREA investigator. He stated that the agency takes care to investigate all incidents inside the facility. An investigator from the Special Investigative Services (SIS) would respond immediately to the facility, if needed. The PREA Compliance Manager confirmed that the FBI is contacted for all allegations that are determined to be criminal in nature and that meet the threshold of reasonable articulable suspicion. Incidents of sexual abuse between a staff member and an inmate are investigated by the Office of the Inspector General (OIG). The auditor reviewed the facility's grievance logs submitted during the previous 12 months. This log classified grievances for sexual harassment as well as security issues. The auditor also reviewed the 4 PREA investigative files from the previous 12 months. The auditor confirmed through this review that all allegations were investigated beginning the day of notification of the allegation of sexual abuse.

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

**115.71(b).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that in addition to the general training provided to all employees, CCC shall ensure that its investigators have received training in conducting sexual abuse and sexual harassment investigations in confinement settings (p. 44). The auditor was provided a training list of 5 staff who have completed specialized investigator training.

During the onsite phase of the audit, the auditor met with an investigator for the facility. He confirmed that he had completed the required Specialized Investigator training. The facility documentation of the completion of the NIC "Investigating Sexual Abuse in a Confinement Setting" was provided to the auditor, as well as individual investigative staff certificates of completion.

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

**115.71(c).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. This policy states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The duties are carried out by the appropriate investigative agency (SIS, OIA, OIG, FBI).

The auditor reviewed 4 investigative files from the previous 12 months. The record retention schedule was discussed with the PREA Compliance Manager who stated that investigative files are retained indefinitely. The 4 investigative files reviewed by the auditor contained case records detailing allegations of sexual abuse. The files also contained, statements from interviews with inmates (alleged

victims and suspected perpetrators) and staff; medical examination documentation; documentation of video reviewed; and summaries of physical evidence obtained.

During the onsite phase of the audit, the auditor interviewed a PREA Investigator. He explained that for every investigation, he would interview the alleged victim and the alleged abuser, if known, and secure any physical evidence. He stated that he would review video from the facility's monitoring system, housing logs, phone records and emails from TRULINCS and interviews with staff and other inmates in the housing unit.

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

**115.71(d).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. This policy states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

During the auditor's interview with the PREA Investigator, the auditor talked with the investigator about coordinating investigative efforts with the Special Investigative Services (SIS) if an investigation involves a staff member. He confirmed that this is something already done when investigating allegations. SIS will not conduct compelled interviews with staff. This is turned over to the OIG for conducting the interviews and investigation if the allegation involves a staff member. The investigation is turned over to the FBI for criminal investigations and they would conduct the compelled interviews. Allegations which are found to be possibly criminal are referred to the FBI.

During the post onsite phase of the audit, the auditor reviewed 4 investigative files. These files contained information related to the internal investigations conducted by CCC investigators. One of the files reviewed by the auditor was referred to the FBI for criminal investigation. The CCC staff did not conduct compelled interviews in this case.

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

**115.71(e).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. This policy states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by a person's status as an inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

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



the auditor that the agency does not assess the credibility of an alleged victim, suspect or witness based on the person's status as a staff member.

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

**115.71(f).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that Administrative Investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments and investigative facts and findings. Administrative investigations should also consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc., contributed to the abuse.

The PREA Investigator stated the training the SIS receives provides guidance for receiving and investigating complaints about facility employees. The investigator stated that one part of all such investigations includes a review to determine if there were any violations of policy and violations of law. In general administrative investigations, all aspects are reviewed and considered including whether staff actions or failure to act contributed to the abuse. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. He stated that all substantiated allegations would be referred to the FBI who would then determine if the case would be referred for prosecution.

The auditor reviewed the PREA investigations from the previous 12 months, which included no investigations of staff misconduct. There were 4 sexual abuse/harassment investigations. The auditor reviewed all 4 of these investigations and noted the review of the staff members' actions or inactions in each of the incidents. The investigative reports included a description of the inmate interviews, staff interviews and physical evidence and how the investigator made the decision on his findings. There were no substantiated case during this 12-month period for sexual abuse or harassment. One was referred to the FBI for investigation, however prosecution was declined.

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

**115.71(g).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible.

The PREA Investigator who was interviewed by the auditor confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. Each of the investigation files reviewed by the auditor contained a final report and evaluation of evidence, interviews and final determination. Any case determined to rise to the level of criminal conduct is referred by CCC to the FBI for further criminal investigation.

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

**115.71(h).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The PREA Investigator also confirmed that all substantiated allegations of sexual abuse would be reviewed by the FBI to determine if criminal charges could be filed. Since the last PREA audit, there have been no substantiated allegations of conduct that were referred for prosecution. Investigative staff that were reviewed during the onsite phase of the audit, confirmed this information.

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

**115.71(i).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that the agency shall retain all written reports for criminal investigations and substantiated allegations referred for prosecution as well as administrative investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (p. 45).

The PREA Compliance Manager confirmed that the facility maintains investigative files for the time frame required in this standard.

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

**115.71(j).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states 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 (p. 45).

The auditor interviewed the PREA Compliance Manager and a PREA Investigator during the onsite phase of the audit. The investigator stated that once an investigation was opened, the agency would continue with that investigation even if the alleged abuser or victim is no longer employed or housed in the facility. The investigator stated clearly that this is their normal procedure for any investigation, regardless of where it occurred. The PREA Compliance Manager stated that the facility would continue with the investigation and refer to the FBI for prosecution review, when possible, even if the individual was not employed or released from the facility. The referral to the FBI, however, is done by the SIS and not the CCC. Once the case is turned over to the FBI, CCC ceases investigation.

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

**115.71(k).** This provision is N/A.

**115.71(l).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (p. 45).

The auditor interviewed a PREA investigator who stated that if any outside agency investigated any incident related to sexual abuse, or any crime in the facility, the facility would cooperate with the investigation. He stated that the substantiated cases which are criminal in nature are referred to the FBI for further review and investigation. The CCC maintains communication with the FBI throughout the investigation. The auditor interviewed a SIS investigator and the PREA Compliance Manager and they both stated that they would communicate with any outside agency investigating sexual abuse complaints in the facility. This would ensure the outside agency receives cooperation to assist in the investigation and will keep open lines of communication regarding the outcome. The Warden was also interviewed during the onsite phase of the audit and he also confirmed this information.

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

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program (effective June 4, 2015) (p. 45).*
2. Interviews

a. Specialized staff

1. Investigative staff
2. PREA Coordinator

**Findings (by provision):**

**115.72 (a).** In the PAQ, the auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. This policy states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated (p. 45). The Bureau applies this section in accordance with its disciplinary / adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

During the onsite phase of the audit, the auditor interviewed the PREA Compliance Manager as well as a facility investigator. Both of these staff members confirmed that the preponderance of evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the facility. The auditor reviewed 4 investigations files from the previous 12 months. The investigative files contained an *Inmate Investigations Report* which includes a section for the listing of evidence used in the outcome determination. It is apparent from review of the evidence listed that the facility uses the preponderance standard for all investigations.

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

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:  
The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 45).
  - b. Inmate Notification
  - c. Investigation files
2. Interviews:
  - a. Specialized staff
    1. Warden
    2. Investigative staff
  - b. Targeted inmates
    1. Inmates who Reported a Sexual Abuse

### Findings (by provision):

**115.73 (a).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (p. 45). The Special Investigative Services Lieutenant provides all notifications to inmates required under this section.

During the onsite phase of the audit, the auditor interviewed several staff members in reference to this standard. The Warden agreed that notification to the inmate of the results of an investigation is standard procedure. The investigations staff who were interviewed by the auditor also stated that it is policy and practice for the inmate to be notified. The PREA Compliance Manager stated that the facility would always notify the inmate as the policy states. The auditor reviewed 4 investigation files from the previous 12 months and found that there were notification notices to the inmates in the investigative files. The inmates' signatures were on these forms as acknowledgement of receipt of the information. The auditor also interviewed four inmates who had reported a sexual abuse and all remember receiving notification of the outcome of the investigation.

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

**115.73 (b).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate (p. 46). In the past 12 months preceding the audit, the facility had 1 investigation of alleged inmate sexual abuse which was completed by an outside agency (FBI). The facility requests information on investigations, however, it is reliant on the outside agency to provide information to relay to the inmate.

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

**115.73 (c).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility (p. 46). An assessment of whether actions described in this policy are warranted is made in accordance with standard 115.65 and may not be appropriate in all cases. Inmates are notified only if there is a nexus between the listed actions in this standard and an incident of sexual abuse. The timing of such notifications should not interfere with any pending criminal or administrative investigations. All notifications are made in accordance with the Freedom of Information Act / Privacy Act.

During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. Two of these inmates had reported a sexual abuse or sexual harassment as occurring at CCC. Both of these inmates stated that they were informed as to the outcome of the investigation. The allegations were made against inmates and not a staff member. In the previous 12 months, there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate at CCC. The auditor reviewed 4 investigative files and each contained information regarding separation of a victim from the alleged abuser. The auditor also interviewed the PREA Compliance Manager who informed the auditor that the hard copy of this notification is retained in the investigation file. A copy of the notification form was provided to the auditor for the 4 investigative files reviewed and contained the victim's signature as acknowledgement of receipt of the information. In the past 12 months, there was one investigation of alleged inmate sexual abuse in the facility that was completed by an outside agency. This victim was notified in writing of the results of the investigation.

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

**115.73 (d).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that in cases of an inmate's allegation that another inmate has committed sexual abuse against the inmate, "the agency shall subsequently inform the alleged

victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse with the facility; or when the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility” (p. 46).

During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. Two of these inmates had reported a sexual abuse or sexual harassment as occurring at CCC. Both of these inmates stated that they were informed as to the outcome of the investigation. The allegations were made against inmates and not a staff member. In the previous 12 months, there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate at CCC. The auditor reviewed 4 investigative files and each contained information regarding separation of a victim from the alleged abuser. The auditor also interviewed the PREA Compliance Manager who informed the auditor that the hard copy of this notification is retained in the investigation file. A copy of the notification form was provided to the auditor and the 4 investigative files reviewed and contained the inmate’s signature as acknowledgement of receipt of the information.

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

**115.73 (e).** The auditor was provided PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that the inmate shall be informed as to the provisions of this standard and all such notifications or attempted notifications shall be documented (p. 46). Documentation is retained in the investigative file.

In the past 12 months, there were 4 notifications provided to inmates regarding the status of their allegation investigations. During the onsite phase of the audit and the post-onsite phase of the audit, the auditor reviewed 4 investigation files from the previous 12 months. Notifications to the victim was present in each of these files.

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)



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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program (effective June 4, 2015) (p. 47).*
  - b. PS 3420.11 – *Standards of Employee Conduct (effective December 6, 2013) (pp. 2-34).*
2. Interviews:
  - a. Specialized staff

- a. PREA Compliance Manager
- b. Human Resource Manager

**Findings (by provision):**

**115.76 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The policy states that employees are subject to the Program Statement *Standards of Employee Conduct*, the *Master Agreement*, and employment-based laws, rules, and regulations. PS *Standards of Employee Conduct*, the *Master Agreement*, and employment-based laws, rules and regulations. There is never any such thing as consensual sex between staff and inmates (p. 7). The policy further states that allegations of sexual abuse will be thoroughly investigated and, when appropriate, referred to authorities for prosecution. Employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. Physical contact is not required to subject an employee to sanctions for misconduct of a sexual nature.

In the past 12 months, there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies.

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

**115.76 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* and PS 3420.11 – *Standards of Employee Conduct* was included in the PAQ which includes the policy which states that staff shall not engage in sexual contact with an inmate (p. 7). The policy further clarifies that any violations of this policy shall be grounds for discipline sanctions up to and including removal.

In the past 12 months, there have been no staff who have violated agency sexual abuse or sexual harassment policies.

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

**115.76 (c).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* and PS 3420.11 – *Standards of Employee Conduct* was included in the PAQ which includes the policy which states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories (p. 47).

In the past 12 months, there have been no staff who have violated agency sexual abuse or sexual harassment policies.

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

**115.76 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* and PS 3420.11 – *Standards of Employee Conduct* was included in the PAQ which includes the policy which states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation

shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any licensing bodies (p. 47).

In the past 12 months, there have been no staff who have violated agency sexual abuse or sexual harassment policies. The auditor interviewed the PREA Compliance Manager who stated that in the past 12 months, there have been no staff that have been reported to law enforcement or licensing boards following their termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies. The auditor also interview the Human Resources Manager who confirmed that there have not been any terminations or resignations for substantiated cases of staff sexual abuse allegations.

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

## **Standard 115.77: Corrective action for contractors and volunteers**

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

#### **115.77 (a)**

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

#### **115.77 (b)**

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

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 47).
  - b. PS 3420.11 – *Standards of Employee Conduct* (effective December 6, 2013) (pp. 2-34).
  - c. Investigative files
2. Interviews:
  - a. Specialized staff
    1. PREA Compliance Manager
    2. Warden

**Findings (by provision):**

**115.77 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ as well as PS 3420.11 – *Standards of Employee Conduct*. In this section, the policy states that contractors and volunteers who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to licensing bodies. Generally, this section is applied in cases where there is possible criminal prosecution.

During the onsite phase of the audit, the auditor interviewed the PREA Compliance Manager. He confirmed that there have been no cases of misconduct by a volunteer or contractor during the previous 12 months. The auditor also interviewed the Warden who confirmed this information. The auditor reviewed 4 investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor.

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

**115.77 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ as well as PS 3420.11 – *Standards of Employee Conduct*. This policy states that the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. All confirmed allegations of sexual abuse/sexual harassment engaged in by a

contractor or volunteer are taken seriously and would result in the removal of the individual from participation in activities with inmates at the institution.

During the onsite phase of the audit, the auditor interviewed the PREA Compliance Manager. He confirmed that there have been no cases of misconduct by a volunteer or contractor during the previous 12 months. The auditor also interviewed the Warden who confirmed this information. The auditor reviewed 4 investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor. The Warden also stated that the facility would take immediate action to remove any volunteer or contractor from inmate contact and restrict access to the secure facility.

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

## **Standard 115.78: Disciplinary sanctions for inmates**

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

#### **115.78 (a)**

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

#### **115.78 (b)**

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

#### **115.78 (c)**

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

#### **115.78 (d)**

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

#### **115.78 (e)**

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

#### 115.78 (f)

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

#### 115.78 (g)

- 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 ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program (effective June 4, 2015) (p. 48).*
  - b. Investigative files
2. Interviews:
  - a. Specialized staff
    - a. Warden
    - b. Medical and mental health staff
    - c. PREA Compliance Manager

#### Findings (by provision):

**115.78 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. This policy outlines disciplinary action for inmates found guilty of sexual abuse or sexual harassment. This policy also states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative findings that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse (p. 48).

During the onsite phase of the audit, the auditor reviewed the sexual abuse investigation files from the previous 12 months. There were no administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. There were also no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.

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

**115.78 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that sanctions for discipline shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories (p. 48).

During the onsite phase of the audit, the auditor confirmed through an interview with the Warden that administrative sentences for inmates are based on the policy, the nature of the incident, inmate history and prior sanctions imposed for similar offenses. In the previous 12 months there was no inmates who were subject to either administrative sanctions for inmate-on-inmate sexual abuse.

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

**115.78 (c).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. This policy authorizes the disciplinary hearing officer to consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed (p. 48).

The PREA Compliance Manager and the Warden were interviewed on-site and confirmed that the facility would take into account the inmate's mental illness or mental disabilities before imposing any sanctions for sexual abuse or sexual harassment. The auditor also interviewed staff from mental health who stated that they are consulted when determining sanctions for inmates with mental health issues.

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

**115.78 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ.

The facility does not offer therapy counseling or other interventions designed to address and correct the underlying reasons of motivations for abuse.

This provision is N/A.

**115.78 (e).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact (p. 48).

The PREA Compliance Manager was interviewed and stated that there have been no such incidents of sexual contact between staff and inmates. The auditor reviewed 4 of the sexual abuse allegations for the previous 12 months and there are no cases where the staff member did not consent to physical contact with the inmate.

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

**115.78 (f).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The policy states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

**115.78 (g).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that the agency may, in its discretion prohibit all sexual activity between inmates and may discipline inmates for such activity. The agency may not, however deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The policy also states that all sexual activity between inmates is prohibited and is subject to discipline.

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

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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



#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

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

a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (p. 49).

b. PS 5324.10 – *Sex Offender Programs* (effective February 15, 2013). (pp. 2-31).

c. IS 5324.12A - *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 18).

d. Intake Screening form

e. PS 5324.12 Attachment A – *PREA Intake Objective Screening Instrument*.

2. Interviews:

a. Specialized staff

1. Staff responsible for Risk Screening

2. Medical and Mental Health staff

b. Targeted inmates

1. Inmates who disclose sexual victimization at risk screening

3. Site Review Observations:

a. Computer systems

b. Medical services

**Findings (by provision):**

**115.81 (a):** IS 5324.12A – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that if the risk assessment screening indicates that an inmate experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, CCC shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening (p.49).

In the past 12 months, the facility reports that there have been 16 inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. The facility provided a roster by mental health which identifies inmates who have answered in the affirmative to one or more of the PREA questions on the receiving screening during the past 12 months. The facility also provided a staff referral form for mental health services for those inmates identified on this roster.

The auditor interviewed an inmate who had disclosed sexual victimization at risk screening. The inmate relayed to the auditor that they were asked at that time if they wanted to meet with a medical or mental health care practitioner. The inmate further told the auditor that the meeting occurred in about a week. Documentation provided by the facility on the Psychology Services Risk of Sexual

Victimization form indicates the date the inmate was seen by a mental health practitioner. The auditor also interviewed a staff member during the onsite phase of the audit who is responsible for risk screening. This staff member stated that the inmate is immediately referred to medical and mental health when they answer affirmatively to the risk screening question that they have been previously sexually abused.

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

**115.81 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states that 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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening (p. 49).

In the past 12 months, the facility reports that there have been 16 inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. The facility provided a roster which is compiled by mental health and identifies inmates who have answered in the affirmative to one or more of the PREA questions on the receiving screening during a selected date range. The facility also provided a staff referral form for mental health services for those inmates identified on the roster.

The auditor interviewed an inmate who had disclosed sexual victimization at risk screening. The inmate relayed to the auditor that they were asked at that time if they wanted to meet with a medical or mental health care practitioner. The inmate further stated to the auditor that the meeting occurred in about a week. Documentation provided by the facility on the Psychology Services Risk of Sexual Victimization report indicates the date the inmate was seen by a mental health practitioner. The auditor also interviewed a staff member during the onsite phase of the audit who is responsible for risk screening. This staff member stated that the inmate is immediately referred to medical and mental health when they answer affirmatively to the risk screening question that they have been previously sexually abused.

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

**115.81 (c).** This provision relates to jails. CCC is a prison, therefore, this provision is N/A.

**115.81 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided by the in the PAQ. The policy states, “any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law.” (p. 49).

During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of inmates. Correctional Services staff were aware that inmates were screened for victimization and stated that they were unable to access

that information in the computer. The auditor also interviewed case management staff who conducts the risk screening and they all stated that the screening information is limited to those staff with the user profile to access those computer screens.

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

**115.81 (e).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states, “Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.” (p. 50).

During the onsite phase of the audit, the auditor interviewed a nursing supervisor and mental health staff. These staff all stated that all medical and mental health staff obtain informed consent from inmates. They all understand the requirement to disclose to inmates the needs of the facility and the reasoning behind such disclosures.

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

## **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

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

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### **115.82 (c)**

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

#### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program (effective June 4, 2015) (p. 50).*
  - b. IS 5324.12A - *Sexually Abusive Behavior Prevention and Intervention Program (effective November 22, 2019) (p. 18).*
  - c. Allegation of Sexually Abusive Behavior – PREA Checklist – Instruction Guide
2. Interviews:
  - a. Specialized staff
    1. Medical and mental health staff
    2. Security Services staff and non-custody staff first responders
  - b. Targeted inmates
    1. Inmates who reported a sexual abuse

### Findings (by provision):

**115.82 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states, "Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, as determined by medical and mental health practitioners according to their professional judgement." (*p. 50*).

During the onsite phase of the audit, the auditor interviewed medical and mental health staff who provided information regarding the services available for sexual abuse victims. Because forensic exams are provided at the hospital, the policy for health care providers is to make every effort to avoid the loss of evidence. This includes not removing clothing of the inmate victim or placing their hands on the inmate victim unless there is a need to assess for injury. Each inmate, however, is immediately evaluated for the need to receive emergent medical care. The auditor reviewed 4 investigations from the previous 12 months. Each record included a notation that the inmate victim was seen by medical and cleared for any potential injury. Notes also show a referral to the mental health practitioner. Inmates who reported a sexual abuse were also interviewed by the auditor and indicated that they received medical treatment and referrals for mental health services.

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

**115.82 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that Correctional Services staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners (p. 51).

The auditor interviewed custody and non-custody staff during the onsite phase of the audit. These staff were questioned regarding the steps to take upon discovering or learning of a sexual assault on an inmate. Each staff member confirmed that the inmate would be evaluated by medical as soon as possible. The auditor also reviewed 4 investigations of sexual abuse / sexual harassment and each file contained documentation that medical and mental health staff were immediately notified.

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

**115.82 (c).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states that CCC shall offer victims of sexual abuse while incarcerated timely information about and timely access to pregnancy tests and tests for sexually transmitted infections as medically appropriate (p. 51).

The auditor reviewed 4 investigative files and there was documentation of medical care being given. The specifics of the medical care is not contained in the investigative file, however, medical staff who were interviewed stated that the requirements of this provision are provided. Five inmates who reported sexual abuse were also interviewed by the auditor who all confirmed that they were offered medical care which included these requirements.

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

**115.82 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that all inmates who are victims of sexual abuse or sexual assault in the facility will be provided medical and mental health services at no cost to the victim (p. 51). The policy does not require that the victim participate in the investigation.

Through the interviews with the PREA Compliance Manager, the auditor learned that all inmates will receive these services at no cost. Five inmates who reported sexual abuse were interviewed by the

auditor and all of these inmates indicated that they did not have to pay for any treatment related to the incident of sexual abuse.

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

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

#### **115.83 (c)**

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

#### **115.83 (d)**

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

#### **115.83 (e)**

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

#### **115.83 (f)**

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

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes ☐ No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program (effective June 4, 2015) (p. 50).*
  - b. IS 5324.12A - *Sexually Abusive Behavior Prevention and Intervention Program (effective November 22, 2019) (p. 18).*
  - c. Investigative files
2. Interviews:
  - a. Specialized staff
    1. Medical and mental health staff
  - b. Targeted inmates



1. Inmates who reported a sexual abuse

**Findings (by provision):**

**115.83 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that all inmates are screened for sexual victimization and assessed by medical or mental health staff and, as appropriate, provided treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility (p. 51).

During the onsite phase of the audit, the auditor confirmed through interviews with the medical staff which included a nursing supervisor that inmates who report prior victimization are provided services, treatment and counseling by medical and mental health staff.

The auditor reviewed 4 investigative files from the previous 12 months. Each of these investigation files included notation of medical and mental health being provided.

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

**115.83 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states “the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement to other facilities, or their release from custody.” (p. 51).

The auditor interviewed the nursing supervisor during the onsite phase of the audit. This staff member confirmed that the facility works with community healthcare providers for follow-up and treatment of inmates upon release. The auditor also interviewed five inmates who reported a sexual abuse, of those interviewed, two stated that they were given follow-up services. The other three stated that they were not given any follow-up services, however, the investigative files indicated that they were given follow-up services.

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

**115.83 (c).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states that the facility shall provide such victims with medical and mental health services consistent with the community level of care (p. 51).

During the onsite phase of the audit, the medical and mental health staff all relayed to the auditor that all inmates do receive care and services that are consistent with what is available outside the facility.

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

**115.83 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states, “Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.” (pp. 51-51).

The auditor interviewed the nursing supervisor during the onsite phase of the audit, who confirmed this policy. Five inmates who reported a sexual abuse were interviewed, with two being female. None of the two female inmates needed pregnancy tests.

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

**115.83 (e).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states that if pregnancy results from the conduct described in paragraph (d) of the policy, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The Bureau providers deliver comprehensive prenatal counseling and care for pregnant female offenders (p. 52).

During the onsite phase of the audit, the auditor interviewed medical staff and each staff member relayed to the auditor that these services would be provided as soon as medical staff were aware. The auditor also interviewed five inmates who reported sexual abuse. Three of these inmates were male so this standard is not-applicable. The other two female inmates were not pregnant so this standard is not-applicable.

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

**115.83 (f).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy requires that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate (p. 52).

During the onsite phase of the audit, the auditor interviewed medical staff who stated that any inmate victim would be offered tests for sexually transmitted infections. Interviews were conducted by the auditor of inmates who reported sexual abuse. Two of these inmates reported abuse at a previous facility years ago. Three of the inmates interviewed stated that they were offered tests for sexually transmitted infections.

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

**115.83 (g).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 52).

The auditor confirmed with the nursing supervisor during the onsite phase of the audit and the PREA Compliance Manager that no inmate would ever be charged for these services. The five inmates interviewed who reported sexual abuse stated that they were not charged for any treatment they have received.

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

**115.83 (h).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states that all prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners (p. 52).

The auditor interviewed mental health staff during the onsite phase of the audit. These staff confirmed that inmates receive a mental health evaluation within 60 days of the information being

received and treatment services are offered when deemed appropriate. Documentation of mental health evaluations and follow up treatment was provided to the auditor for those inmates who were inmate-on-inmate abusers.

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

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

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

a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program (effective June 4, 2015) (pp. 52-53).*

b. IS 5324.12A - *Sexually Abusive Behavior Prevention and Intervention Program (effective November 22, 2019) (p. 19).*

c. Incident Reviews

d. PREA Compliance Manager Information Tracking Log

2. Interviews:

a. Specialized staff

1. Warden

2. PREA Compliance Manager

3. Incident Review Team

#### Findings (by provision):

**115.86 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy authorizes that an incident review be completed within 30 days of the completion of every sexual abuse or sexual harassment investigation, unless the allegation was unfounded (p. 52). Upon completion of an investigation of sexual assault, an after action review team is convened to review the institution response to allegations of sexual abuse, except in cases in which the allegation is determined to be unfounded.

The PREA Compliance Manager provided the auditor copies of the PREA After-Action Review Meeting minutes for four meetings which were held in the past 12 months. The meetings included reviews of the sexual abuse investigations.

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

**115.86 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy authorizes that an incident review be completed within 30 days of the completion of every sexual abuse or sexual harassment investigation, unless the allegation was unfounded (p. 52).

The PREA Compliance Manager provided the auditor copies of the PREA After-Action Review Meeting minutes for the meetings which were held in the past 12 months. There were four investigations and four subsequent meetings. The meetings included reviews of the sexual abuse investigations. Each of the Incident Review Meetings were conducted within 30 days of the conclusion of the investigation.

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

**115.86 (c).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy authorizes that the review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team also includes input from the local Union President or his/her designee from the local union. The local Union representative is provided an opportunity to review the draft and submit the Union's recommendations, taking the time frames of this section into account (p. 53).

During the onsite phase of the audit, the auditor interviewed the Warden and a Correctional Services Lieutenant and PREA Compliance Manager (Associate Warden) as well as the Health Services Administrator. All of these are members of the After Action Review Team and all confirmed that the facility takes all incidents of sexual abuse seriously and conducts the incident review at the conclusion of every investigation. The auditor reviewed 4 investigations of sexual abuse from the previous 12 months. Each file showed a completed sexual abuse incident review meeting document.

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

**115.86 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy authorizes that the review team will consider six specific points: whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, or was motivated or otherwise

caused by other group dynamics at CCC; examine the area in CCC where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its finds, including but not necessarily limited to the previous mentioned points, and any recommendations for improvement. (p. 53). The facility provided the auditor copies of incident review meeting reports. Each report indicated that the review team considered the merits of the investigation and made recommendations.

The auditor was provided with copies of Incident After Action Review Team meetings for four meetings during the past 12 months. These meeting minutes did consider monitoring technology, recommendations for operational improvements, review of the investigation itself, training needs, staffing improvement and recommendations for prevention of false allegations, recommendations for better documentation of disciplinary violations and better communication with disciplinary hearing officers, and reviews of inmates' sexual predator status. The auditor interviewed, while onsite, the Warden, the PREA compliance manager and members of the Incident Review team. All of these staff members indicated to the auditor that the team considers the six points of the provision in their reviews of each sexual abuse investigation.

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

**115.86 (e).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy authorizes that the After-Action Review Team will implement the recommendations for improvement or document its reasons for not doing so (p. 53). The policy also states that the institution will comply with collective bargaining agreements in implementing changes or programs.

The auditor reviewed four After-Action Review Team meeting minutes for the previous 12 months which included a review for recommendations for improvement. None of the four reviews contained recommendations, however, this review was part of the consideration during the meetings.

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

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### 115.87 (b)

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

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
☒ Yes ☐ No

#### 115.87 (e)

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

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

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

a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (pp. 54-55).

b. IS 5324.12A - *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 19).

c. Annual PREA Reports

**Findings (by provision):**

**115.87 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy includes a section entitled *Data Collection*. This section outlines the facility guidelines for collection of data from the facility’s sexual abuse and sexual harassment allegations (p. 54). The data collection is through a standardized instrument and set of definitions.

The auditor was provided a copy of the agency’s Annual PREA Report from 2018 which is available on the BOP public website. The agency uses a standardized instrument and set of definitions for data collection which are in line with the definitions listed on the Survey of Sexual Violence conducted by the Department of Justice (DOJ).

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

**115.87 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states in the *Data Collection* section that CCC shall aggregate the incident-based sexual abuse data at least annually (p. 55).

The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates and reviews data from all sources annually. This report is published on the BOP public website.

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

**115.87 (c).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ.

The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. This information is included in page 55 of the policy.

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

**115.87 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that the CCC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (p. 55).

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

**115.87 (e).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ.

The agency (Bureau of Prisons) obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies



with SSV (Survey of Sexual Violence) reporting regarding content. This information is included in the PREA Annual Report and published on the agency website.

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

**115.87 (f).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice.

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

## **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

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

#### **115.88 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### **115.88 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### **115.88 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (pp. 56).
  - b. IS 5324.12A - *Sexually Abusive Behavior Prevention and Intervention Program* (effective November 22, 2019) (p. 20).
  - c. Annual Reports
2. Interviews:
  - a. Specialized staff
    - a. Warden
    - b. PREA Coordinator
    - c. PREA Compliance Manager

### Findings (by provision):

**115.88 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. In the *Data Review for Corrective Action* section, the policy outlines the agency's annual data collection and review of the data (p. 56). The policy states that CCC shall ensure that data collected is securely retained.

The PREA Coordinator was interviewed and stated that the agency retains a hard copy of the data collected. The Warden was interviewed by the auditor and he stated that the data that is collected is used to further develop the focus on areas of sexual abuse occurrence. Officer supervision is used to review any trends that develop and identify predators as well as identify those inmates who are more vulnerable to abuse. The PREA Compliance Manager was also interviewed and he stated that

data collected is used to identify trends as well as predators, hot spots, etc. The BOP 2018 PREA annual report was provided to the auditor which was reviewed and contained information related to this provision.

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

**115.88 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The auditor reviewed copies of the agency’s annual report for 2018 and confirmed that the report contains information related to this provision. The report included a comparison of the current year’s sexual abuse incident data and corrective actions with those from prior years.

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

**115.88 (c).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. 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.

The auditor interviewed the Agency Head who confirmed that he approves the agency’s annual reports.

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

**115.88 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The auditor reviewed the current annual report 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 information regarding aggregated sexual abuse data. The nature of redactions of the material is indicated by the agency.

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

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* (effective June 4, 2015) (pp. 56).
  - b. Investigative files
2. Interviews:
  - a. Specialized staff
    - a. PREA Coordinator

#### Findings (by provision):

**115.89 (a).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that the CCC shall ensure that data collected are securely retained (p. 56).

The National PREA Coordinator was interviewed and she stated that the agency complies with FOIA (Freedom of Information Act) and all other applicable laws, rules, and regulations. Investigative,

psychological and medical data are securely maintained. The annual report does not contain identifying information.

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

**115.89 (b).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that the CCC shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website removing personal identifiers (p. 56).

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).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The auditor reviewed the annual report posted on the public website 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 information regarding aggregated sexual abuse data.

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

**115.89 (d).** PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that the CCC shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise (p. 56).

During the onsite phase of the audit, the auditor interviewed the PREA Compliance Manager. He provided the auditor access to his office, where the sexual abuse data is secured and maintained for at least 10 years.

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*policies, directives, forms, files, records, etc.*)
  - a. Agency website
  - b. PREA Audit Report – (2017)
2. Interviews:
  - a. PREA Compliance Manager

**Findings (by provision):**

**115.401** The auditor was provided information in the PAQ regarding the facility’s first PREA audit. Their first audit was completed in June, 2014. Their second audit was completed in April, 2017. The audit second audit report is posted on the agency’s website and available for public review. The CCC is operated by the Bureau of Prisons.

The auditor confirmed with the PREA Compliance Manager that the 2017 audit is their second completed PREA audit.

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

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **The following evidence was analyzed in making the compliance determination:**

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

a. Agency website

b. *PREA Audit: Auditor's Report (April, 2017)*

2. Interviews:

a. PREA Compliance Manager

### **Findings (by provision):**

**115.403(a).** The auditor was provided information regarding the facility's first PREA audit. Their first audit was completed June 2014. This was in the first year of the first PREA audit cycle. The audit report is posted on the agency's website and available for public review. MCC Chicago is operated by the Federal Bureau of Prisons.

The auditor confirmed with the PREA Compliance Manager that the 2017 audit was their second completed PREA audit.

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



## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Cynthia Swier

April 8, 2020

**Auditor Signature**

**Date**