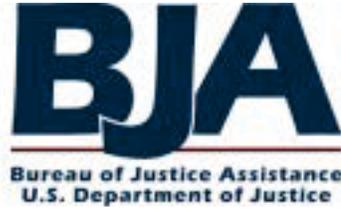


ADULT PRISONS & JAILS



Auditor Information			
Auditor name: William Willingham			
Address: 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
Email: william.willingham@nakamotogroup.com			
Telephone number: (850) 718-7173			
Date of facility visit: March 28-29, 2016			
Facility Information			
Facility name: Iowa State Penitentiary			
Facility physical address: 2111 330th Ave., Ft. Madison, IA 52627			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 319-372-5432			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Nick Ludwick, Warden			
Number of staff assigned to the facility in the last 12 months: 402			
Designed facility capacity: 770			
Current population of facility: 686			
Facility security levels/inmate custody levels: Maximum and Minimum			
Age range of the population: 19-78			
Name of PREA Compliance Manager: Rebecca Bowker		Title:	Executive Officer
Email address: Rebecca.Bowker@iowa.gov		Telephone number:	319-372-5432
Agency Information			
Name of agency: Iowa Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Iowa			
Physical address: 2111 330th Ave., Ft Madison, IA 52627			
Mailing address: <i>(if different from above)</i>			
Telephone number: 319-372-5432			
Agency Chief Executive Officer			
Name: Jerry Bartruff		Title:	Director
Email address: Jerry.Bartruff@iowa.gov		Telephone number:	515-725-5723
Agency-Wide PREA Coordinator			
Name: Robin Bagby		Title:	PREA Coordinator
Email address: Robin.Bagby@iowa.gov		Telephone number:	515-725-5723

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Iowa State Penitentiary (ISP), Iowa Department of Corrections (IDOC), was conducted March 22-23, 2016, by Nakamoto Group Inc. auditor William Willingham. When the auditor first arrived at the facility, a meeting was held with the Warden, the Deputy Wardens, the PREA Coordinator, the Inspector General, several Executive Officers (one was the facility PREA Manager), several Captains, and other administrative staff, to discuss the audit process. The standards used for this audit became effective August 20, 2012. The auditor discussed the information contained in the Pre-Audit Questionnaire with the PREA Manager and Coordinator prior to the audit. As part of the audit, a review of all agency and local facility PREA policies was conducted, staff and offenders were interviewed, and a tour of the facility was completed. A total of 14 offenders were formally interviewed. Six letters were sent to the auditor from the ISP, prior to the audit, concerning alleged PREA issues (three of the offenders were available to be interviewed, and were). Two interviewed offenders were disabled, one was Gay, one was limited English proficient, two were Bi-Sexual and one alleged sexual abuse. Informal interviews were also conducted. The IDOC Director and state PREA Contract Administrator submitted written answers to their questionnaires, and the PREA Coordinator was interviewed personally. A total of 22 facility staff were interviewed (12 randomly selected from several shifts, male and female, and 10 specialty/administrative), as well as two volunteers, one contractor, the local rape crisis center Victim Advocate and a SANE (Sexual Abuse Nurse Examiner) nurse. The specialty/administrative staff interviewed included one Associate Warden, the Human Resources Manager, the PREA manager, three Captains (one was the Retaliation Monitor), one facility investigator and the Nursing Supervisor. Informal interviews with staff were also conducted. The auditor concluded, through observations, interviews and a review of policies and documentation, that all staff and offenders were very knowledgeable concerning their rights and responsibilities involving the PREA. During the interviews, the offenders acknowledged that they received information about the facility's zero tolerance policy against sexual abuse upon their arrival to the facility, other PREA information, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the IDOC and ISP is to advance successful offender reentry to protect the public, staff and offenders from victimization. The ISP is located in a rural area outside of Ft. Madison, IA, and was activated on August 1, 2015. The facility has four general population housing units inside the main facility, a Special Housing Unit (SHU) and a minimum security unit approximately one mile away called the John Bennett Unit (JBU). The JBU was converted from Medium to Minimum security in 2010. Separate medical and psychiatric units within the ISP will be activated within the next month. The facility has single and double bed housing configurations, and does not incarcerate females or youthful offenders. The video monitoring system is considered outstanding (427 cameras well placed which record). The ISP has numerous internal administrative support operations such as Food Service, Education, Maintenance, a Medical Clinic and a Laundry etc. Most offenders, who have been medically cleared, are provided work assignments, and/or participate in educational/vocational programs. Work assignments include Food Service, Education/Recreation, Laundry, Business Office (janitors), Commissary, Health Services (janitors), facility sanitation workers, housing unit janitors and Maintenance. Offenders are allowed to communicate with approved persons through an e-mail program (Kiosk), and are provided facility information through the ISP TV channel. An electronic file storage program called Offnet is also available to offenders. Another program called the Offender Council is also conducted, which involves offender representatives from each housing unit meeting monthly with an Executive Officer to discuss institution-wide issues. Personal visitation is also permitted at the facility. The Education Department provides comprehensive programs for the offender population. Various academic and self improvement training opportunities are provided to the offender population. Programs include instruction from the literacy level ("HiSET" formally known as GED), Thinking for a Change, substance abuse classes, relapse prevention and Batterers Education. Offenders who do not have a verifiable high school diploma are encouraged to prepare for and take the HiSET test. Satisfactory completion of this program will merit a HiSET (GED) certificate. Classes are conducted Monday through Friday. Other programs offered include an NAACP chapter, Toastmasters, Alcoholics Anonymous and Hospice worker training. A prison furniture factory is also available for offender employment. Recreational programs offered include team and individual sports activities, hobby craft, wellness instruction, and TV viewing. The ISP also offers religious programs involving numerous faith groups. The facility also provides many leisure reading and legal resource materials for offenders including local and IDOC policy, as well as state law, in a library setting.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with the Warden and administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, and exceeded compliance involving three standards. One standard was not-applicable. The auditor had been provided with extensive and lengthy files during and prior to the audit for review to support a conclusion of compliance to the PREA. All observations and interviews also supported compliance. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be very high, and the observed staff/offender relationships were seen as excellent. All areas of the facility were observed to be very clean and exceptionally well maintained. At the conclusion of the audit, the auditor thanked the ISP staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

IDOC policies PREA 01-04 and the corresponding local policy/practice exceed the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach (including procedures, definitions and sanctions for PREA violations) to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Manager, there is a designated state PREA Coordinator (who reports to the Inspector General) who provides guidance and support to ensure adherence to the PREA and has ample time to do so. The facility PREA Manager reports to the Warden, and stated she has ample time to devote to those responsibilities. Zero tolerance (including reporting procedures) posters are displayed throughout the institution. PREA issues and instruction is constantly communicated to offenders on the ISP TV channel and through the Kiosk. Staff receive initial employment and annual PREA training, as well as updates to policy throughout the year. Staff interviews (and an examination of policy/documentation) indicated an excellent knowledge of the PREA and a strong commitment to same. The facility exceeds compliance to this standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

IDOC policies AD (Administrative Directive) GA (General Administration) 13 and IS (Institution Services) CL (Classification) 09 meet the mandates of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted with for the confinement of offenders to adopt and comply with the PREA standards. All agency contractual agreements were updated on March 9, 2016. The language requiring all contractors to adopt and comply with PREA standards remains in the updated agreements.

Standard 115.13 Supervision and monitoring

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

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

AD PR (Personnel) 03, IS SC (Security and Control) and corresponding local policies meets the mandates of this standard. Agency policy requires each facility to review their staffing plans on an annual basis. Interviews with executive staff revealed compliance with this standard and that all safety and security issues are always a primary focus when they consider and review their respective staffing plans. The Warden meets routinely with his executive staff, business manager and the human resource manager to discuss staffing issues. Meeting minutes are on file. There have been no deviations from the staffing plan (overtime is scheduled as necessary). The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of the ISP, JBU, all video monitoring systems, inmate access to telephones and the Kiosk inmate e-mail system. The average daily inmate population within the last year was 686. Documentation of unannounced rounds (visits to areas where offenders are found) covering all shifts by administrative staff was reviewed. Interviews with staff and offenders confirmed unannounced rounds to all areas of the institution are conducted on at least a weekly basis, with no warning to staff. Video cameras with monitoring capabilities are visible throughout the facility. The cameras can be monitored at the Control Center, by the investigator and by the executive staff.

Standard 115.14 Youthful inmates

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

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

Not Applicable. The ISP does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

IO (Institution Operations) SC 17-18 and corresponding local policy cover the mandates of this standard. The ISP is a male only facility. However, policy states cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and/or annual training. The auditor observed that each unit has individual shower stalls with shower doors for privacy purposes. Offenders, correctional officers and administrative staff stated offenders are allowed to shower, dress and use the toilet privately, without being viewed by female staff. Each cell is equipped with a toilet and wash sink. A ringing bell in each unit is used to announce opposite gender staff entering the housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units are posted at the entrance of living areas and throughout the units. The postings are written in both English and Spanish. Staff were well aware of the policy prohibiting the search of a transgender or intersex offender for the sole purpose of determining the inmate's genital status.

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

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

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

Policies IS (Institution Services) RO (Reception and Orientation) 02 and corresponding local policy meets the mandates of this standard. The ISP takes appropriate steps to ensure offenders with disabilities and offenders with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings, notices on the ISP TV channel, messages on the offender e-mail system and the offender handbook (which contain PREA information) are printed in both English and Spanish. The facility has a translator service (CTS Language Link) and bilingual staff to provide assistance to offenders who need translation services. Procedures and policy are in place to assist offenders with almost any form of disability. The above-mentioned documents were submitted to and reviewed by the auditor. Staff interviewed were well aware of the policy that offender interpreters or assistants are never to be used when dealing with PREA issues involving another offender. Staff and offender interviews (disabled and limited English proficient), as well as an examination of documentation, support compliance to this standard.

Standard 115.17 Hiring and promotion decisions

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

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

Policies AD GA 13, AD CR 04, AD PR 11, AD PR 05, OP (Offender Programs) WI (Work and Industries) 01, 28E Template for Work, PREA 02-03 and the Employee Background Check Log address the mandates of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have been carefully screened pursuant to this standard, and have had criminal background checks completed. Staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The ISP and IDOC makes its "best effort" to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to hiring staff permanently. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

The ISP has an extensive video and visual monitoring system in place (427 cameras with recording capabilities). Additional cameras have been installed in the JBU. There have been no substantial expansions/modifications to the facility since August 20, 2012.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Policies IO SC 12 and 22, PREA 01-04, and HSP 628 meet the mandates of this standard. Security and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the ISP or state investigators (Department of Investigative Services-DIS) conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by SANE staff (interviewed by the auditor) at the local hospital. Victim advocate services are available at the ISP, through a local rape crisis center and facility staff. There were no SANE exams conducted during the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Policies AD PR 13, IO RD 03, PREA 01-04 and corresponding local policy meet the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/harassment. The facility investigator or DIS criminal investigators conduct all investigations. The facility investigator was interviewed and found to be very knowledgeable concerning his responsibilities in the investigative (administrative only) process. IDOC staff may also complete administrative investigations. There were eight incidents which involved an allegation of sexual abuse/sexual harassment during the last year. The allegations resulted in eight administrative investigations (no criminal referrals). The allegations were thoroughly investigated and documentation is maintained on file. Eight allegations were found to be unsubstantiated. The facility utilizes a tracking log to ensure all required steps of the investigation are completed and are timely. The auditor reviewed documentation (investigation files) relative to these cases and believes staff acted appropriately. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.31 Employee training

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

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

Policies AD TS(Training and Staff Development) 04-05, NEO, HSP 628 and corresponding local policy includes all training required of this standard. The IDOC provides extensive PREA standards training at a new employee training academy, which all staff must attend and successfully complete. Staff also receive PREA training at the ISP through the e-learning program when policy is changed or updated. All staff are mandated to receive training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation. Interviewed staff indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well. Staff interviewed had an extensive knowledge of the PREA, first responder duties and were obviously committed to the enforcement of the PREA and related policy. This knowledge level of staff and the training received, on-going updates, as well as an examination of documentation, support the facility exceeding compliance to this standard.

Standard 115.32 Volunteer and contractor training

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

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

Policies AD CI (Volunteer Programs) 01, OP (Offender Programs) WI (Work and Correctional Industries) 01 and 28E Template for Work meets the mandates this standard. All contractors and volunteers have received PREA training, to include the IDOC and ISP zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. There was one contractor and two volunteers interviewed who confirmed that they have contact with offenders, that they received PREA training, receive updates to policy when needed and that they signed that they understood the instruction. Also, staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.33 Inmate education

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

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

Policies PREA 01-04 meet the mandates of this standard. The facility thoroughly educates offenders about the PREA. Offenders receive information during the intake process that includes a PREA handout and offender handbook, printed in both English and Spanish. The offenders have access to the Kiosk computer service which may also provides them with PREA information. The ISP internal TV channel has PREA information continuously displayed on a daily basis. There are PREA posters throughout the facility, in each housing unit and a telephone number which may be called to report abuse or harassment is posted on the bulletin boards. The IDOC's mailing address is posted in each housing unit for offenders to write to concerning any sexual abuse or sexual harassment allegation. There is a language translation program available to offenders who have difficulty communicating in English. There are procedures in place to assist disabled offenders in learning about the PREA (confirmed through interviews with disabled inmates). The auditor reviewed a random sampling of intake checklists to verify those offenders admitted during the auditing period received PREA education and relevant written materials. An ISP Executive Officer conducts a monthly meeting with offender representatives from each housing unit, and PREA issues may be discussed at that time. All offenders are required to acknowledge in writing that they completed PREA education. Staff and offender interviews, and an examination of documentation, confirmed that the facility exceeds compliance to this standard.

Standard 115.34 Specialized training: Investigations

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

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

Policies PREA 01-04 address the mandates of this standard. The facility investigators have received PREA specialized training through the IDOC. All investigators use a standardized protocol to conduct investigations. This auditor reviewed specialized training documentation for ISP and DIS (criminal) investigators. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Policy HSP 628 meets the mandates of this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff may receive training updates when needed and during annual training. The auditor reviewed the training lesson plan, training sign-in sheets and related documentation. The Nursing Supervisor and mental health staff were interviewed and confirmed compliance to this standard. Other staff interviews, as well as an examination of documentation, also support compliance to this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Policies IS RO 01-02 and the SVP Scoring Guide address this standard. All offenders are assessed at intake for their risk of being sexually abused and/or harassed by other inmates or being sexually abusive towards other offenders. A unit team staff member screens all new arrivals within 72 hours with an objective screening instrument. They are almost always interviewed the first day of intake. The staff review all relevant information from other facilities and sources, and continue to reassess an offender's risk level within 30 days of his arrival. Information received after intake is immediately reviewed. Offenders cannot be disciplined for refusing to answer PREA related questions at the time of intake. Offenders identified as high risk for sexual victimization or at risk of sexually abusing other offenders are referred to the mental health and possibly other staff for additional assessment. Staff and offender interviews, as well as an examination of the intake interview process and a review of documentation, support the finding that the facility is in compliance with this standard.

Standard 115.42 Use of screening information

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

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

Policies IS RO 02, IS CL 02 and the SVP Scoring Guide address the mandates of this standard. Agency policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping offenders at a high risk of being sexually abused/sexually harassed separate from those offenders who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for every offender and they are not placed in housing units or given program assignments based solely on their sexual identification or status. Interviews with staff and offenders, a review of documentation and an observation of the intake screening process support the finding that the facility is in compliance with this standard.

Standard 115.43 Protective custody

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

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

Policies IO HO (Housing Operations) 05-06 and corresponding local procedures address the mandates of this standard. The ISP has one Special Housing Unit (SHU) which is considered protective custody placement. Policy states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The offenders are reassessed every 7 days after entering the SHU. There were no offenders at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. There were no offenders 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. Staff interviews and a review of documentation confirmed compliance to this standard.

Standard 115.51 Inmate reporting

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

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

Policies PREA 01-03 outline the mandates of this standard. A review of documentation and staff/offender interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for offenders and staff to report (to ISP executive staff, IDOC staff or an outside agency) sexual abuse or sexual harassment. The facility does not house offenders solely for criminal immigration violations. The facility has procedures in place for staff to immediately document all allegations when advised, which will result in a full investigation and treatment if needed. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods.

Standard 115.52 Exhaustion of administrative remedies

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

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

Policy IO OR 06 meets all the mandates of this standard. Offenders may file a grievance; however, all allegations of sexual abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Offenders are not required to use the formal grievance process and procedures allow an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Offenders may file an emergency grievance at any time, which will result in an immediate investigation and may seek assistance from others to prepare and file any grievance. All required response/reporting time limits and relevant PREA issues concerning grievance processing are required by policy. There were no grievances filed involving any PREA related issue during the past 12 months, and none considered to be filed in "bad faith". Staff and offender interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.53 Inmate access to outside confidential support services

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

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

Policies PREA 01-03 and the Offender Handbook meet the mandates of this standard. The facility has a Memorandum of Understanding with a local rape crisis organization, to provide all services compliant with the PREA. Facility mental health staff also have been trained to provide counseling and victim advocacy services if needed. Offenders also have access to the IDOC reporting process for PREA violations, to ask for assistance. Offenders are advised of the procedures to seek assistance from outside providers and facility staff, and all rules pursuant to the level of confidentiality provided during that communication. Local rape crisis center staff (interviewed by the auditor) have provided training to medical and mental health employees, and will provide all needed services to a victim. The Offender Handbook also outlines the process to obtain contact information through the mental health or medical department and/or directly to outside sources. Staff and offender interviews, as well as an examination of documentation, support the facility meeting compliance to this standard.

Standard 115.54 Third-party reporting

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

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

Policies PREA 02-03 and OP MTV 04 meet the mandates of this standard. The IDOC web site and posted notices (at the ISP) assist third parties on how to report allegations of sexual abuse/harassment. Procedures also encourage reporting directly to the ISP executive staff. Notices are also found in the housing units, front entrance and the Visiting Room. Staff and offenders interviewed were aware of the procedures for third-party reporting (which will result in the immediate opening of an investigation).

Standard 115.61 Staff and agency reporting duties

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

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

Policies PREA 01-03 and HSP 628 meet the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, neglect (which may contribute to a PREA violation) and retaliation relevant to PREA standards. Also, there were two volunteers and one contractor available to interview, and both stated they had received PREA training and were well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. All information is maintained confidentially and disclosed to others with either a need or right to know. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.62 Agency protection duties

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

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

Policies PREA 02-03 address the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an offender potentially being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the offender. Staff are issued a PREA response guide outlining all actions to be taken (maintained at their work stations). They also stated they would separate the alleged victim/predator, secure the scene to protect possible evidence, not allow offenders to destroy possible evidence and contact their supervisor and medical staff. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

Policies PREA 02-03 address the mandates of this standard. Policy requires that any allegation by an offender that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. The PREA Coordinator is also advised. In the past 12 months, the facility received no allegations that an offender was abused while confined at another facility or at the ISP (from another facility). Staff interviews confirm compliance to this standard.

Standard 115.64 Staff first responder duties

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

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

Policies PREA 01-03 outline the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the offenders, secure the scene, would not allow offenders to destroy any evidence, contact their supervisor and advise medical staff. All staff are issued a PREA first responder guideline for reference. Within the last 12 months, one allegation of sexual abuse resulted in first responder actions. The offender making the allegation was interviewed by the auditor, and confirmed all required responses (first responder) by staff were made. Staff and offender interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.65 Coordinated response

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

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

Policies PREA 02-03 outline the mandates of this standard. The policy and a checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators, IDOC and facility administrative staff, in response to an incident of sexual abuse/harassment. The staff responses involving all allegations were found to be in compliance with this standard. Staff interviews, as well as an examination of documentation, support compliance to this standard.

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

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

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

The collective bargaining agreement between the IDOC and affected unions, effective July 1, 2015 complies with this standard. That agreement does not prohibit the ISP from removing alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

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

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

Policies PREA 02-03 outline the mandates of this standard. The policy prohibits any type of retaliation against any staff or offender who has reported sexual abuse, sexual harassment or cooperated in any related investigation. An ISP Captain and Correctional Counselor are charged with monitoring retaliation. When interviewed, the Captain stated he would follow up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust discipline reports, housing reassignments and negative performance reviews or staff job reassignments. If there was a concern that there was the potential for possible retaliation, the Captain indicated he would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the past 12 months.

Standard 115.68 Post-allegation protective custody

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

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

Policy IO HO 05 meets the mandates of this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to the placement of offenders in involuntary segregated housing (SHU). Staff consider separate housing of the victim/predator, to include a possible transfer of the offenders to another facility. In the past 12 months there were no offenders held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policies PREA 02-03 address the mandates of this standard. The ISP investigator conducts administrative investigations within the facility and refers criminal investigations to the DIS criminal investigators. The local district attorney would also be consulted if necessary. There were no criminal referrals or prosecutions during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation, and would personally follow-up concerning same. The facility investigator serves as the facility liaison who provides requested information to the outside agency and provides access to the offenders.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Policies PREA 02-03 address the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The reviewed investigations utilized this standard.

Standard 115.73 Reporting to inmates

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

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

Policies PREA 02-03 cover the mandates of this standard. There were eight investigations conducted within the last year requiring inmate notification per this standard. Documentation of this notification is found in each investigation file. The documentation supports the finding that the facility is in compliance with this standard. One of the alleged victims was interviewed by the auditor, and stated he was advised in writing of the outcome of the investigation. Staff and offender interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

Policy PREA 02 addresses the mandates of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of offenders engaging in sex with staff in the past 12 months, and no staff members were disciplined, terminated or resigned (prior to termination) for violation of agency policy. If an employee resigned prior to the completion of an investigation, the investigation would not be closed. The collective bargaining agreement between the IDOC and unions, dated 7/1/2015, allows for disciplinary sanctions against staff, including termination, for sexual abuse or sexual harassment of an offender. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Policies AG GA 13 and AG CI 01 address the mandates of this standard. Policy complies with all required actions concerning contractors and volunteers relevant to this standard. Any violation would result in the removal of a contractor or volunteer from any contact with an offender. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an offender. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policies IO RD 03, OP SOP 08 and corresponding local policy address the mandates of this standard. There were eight cases of alleged offender/offender sexual abuse/sexual harassment investigated at the facility during the last year (all unsubstantiated). There have been no investigations of staff and offenders engaging in sex during the past 12 months. There were no criminal findings of guilt for offender sexual abuse within the last year. Therapy services would be available for victims and abusers at the facility. The local rape crisis center would also provide therapy services for victims. Policy does not allow consensual sex of any nature. Offenders having sexual contact with staff will be disciplined, if it is not consensual. The ISP does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the facility investigator and a review of documentation support the finding that the facility is in compliance with this standard.

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

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

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

Policies IS RO 01-02, HSF 770B and HSP 628 outline the mandates of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, all offenders who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. No offenders disclosed being an abuser at the time of intake. Treatment services are offered without financial cost to the offender (victims and abusers). The ISP utilizes a tracking log to monitor all inmates having a history of sexual abuse. All information is handled confidentially, and interviews with staff and offenders support a finding that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

Policies PREA 02-03 and HSP 628 address the mandates of this standard. Information concerning sexually transmitted diseases, other relevant issues and access to care is offered to all offender victims, as clinically indicated. The treatment is offered at no financial cost to the offender. All emergency decisions and care would be fully documented. There were no offenders needing this type of treatment during this rating period. Interviews with staff, a SANE nurse and an alleged inmate victim support a finding that the facility is in compliance with this standard.

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

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

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

Policies OP SOP 08 and HSP 628 outline the mandates of this standard. ISP staff offer ongoing medical and mental health evaluations and as appropriate, treatment to all offenders, who have been abusers or victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the offender. When identified, offender abusers are evaluated and treatment is offered as indicated. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

Policies PREA 02-03 outline the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/sexual harassment (within 30 days). Eight incidents were investigated within the last year. The facility investigator was interviewed and found to be very knowledgeable concerning his duties and responsibilities, and he provides information to the incident review team. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, other status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management. A sexual abuse incident review reporting form is completed as required. Interviews with staff and a review of documentation support a finding that the facility is in compliance with this standard.

Standard 115.87 Data collection

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

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

Policy PREA 04 meets the mandates of this standard. The facility collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument and definitions. The agency tracks information concerning sexual abuse utilizing investigative data. The data collected includes the information necessary to answer all questions needed to complete the most recent version of the Survey of Sexual Violence, conducted by the Federal Department of Justice. The agency aggregates and reviews all data annually (including data provided from contractors). The ISP provides the required information to the PREA Coordinator, who prepares the required reports.

Standard 115.88 Data review for corrective action

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

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

The ISP and IDOC staff review and assess all sexual abuse/sexual harassment data at least annually, to improve the effectiveness of its sexual abuse prevention, detection and response policies and to identify any trends, issues or problematic areas and take corrective action if needed. The facility PREA Manager provides data to the PREA Coordinator, which is forwarded to the Director. An annual report is prepared and placed on the IDOC web site (with disclosable information). The Annual Report was reviewed by the auditor.

Standard 115.89 Data storage, publication, and destruction

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

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

Policy PREA 04 outlines the mandates of this standard. The PREA Coordinator reviews data compiled by the ISP PREA Manager and issues a report to the IDOC Director (for approval) on an annual basis. The data is retained in a secure file and published on the IDOC web site (that which is disclosable). The report covers all data required by this standard, and is retained at least ten years.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

William Willingham

April 15, 2016

Auditor Signature

Date