

Prison Rape Elimination Act (PREA) Audit Report

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: March 24, 2021

Auditor Information

Name: Robert Manville Email: robert.manville@nakamotogroup.com

Company Name: The Nakamoto Group, Inc.

Mailing Address: 11820 Parklawn Dr., Suite 240 City, State, Zip: Rockville, MD 20852

Telephone: 912-286-0004 Date of Facility Visit: February 22-24, 2021

Agency Information

Name of Agency: Macon County Sheriff's Office Governing Authority or Parent Agency (If Applicable): Macon County, Illinois

Physical Address: 333 S. Franklin St. City, State, Zip: Decatur, IL 62523`

Mailing Address: 333 S. Franklin St. City, State, Zip: Decatur, IL 62523

The Agency Is: Military Private for Profit Private not for Profit
 Municipal County State Federal

Agency Website with PREA Information: <https://www.sheriff-macon-il.us/Corrections.html>

Agency Chief Executive Officer

Name: Sheriff Antonio D. Brown

Email: abrown@sheriff-macon-il.us Telephone: (217) 424-0865

Agency-Wide PREA Coordinator

Name: Lt. Jamie Belcher

Email: jbelcher@sheriff-macon-il.us Telephone: (217) 424-0856

PREA Coordinator Reports to: Sheriff Antonio D. Brown Number of Compliance Managers who report to the PREA Coordinator
26

Facility Information

Name of Facility: Macon County Jail

Physical Address: 333 S. Franklin St.

City, State, Zip: Decatur, IL 62523`

Mailing Address (if different from above):

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information <https://www.sheriff-macon-il.us/Corrections.html>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Jail administrator/Jail Administrator/Sheriff/Director

Name: Lt. Jamie Belcher

Email: jbelcher@sheriff-macon-il.us

Telephone: (217) 424-0856

Facility PREA Compliance Manager

Name: Lt. Jamie Belcher

Email: jbelcher@sheriff-macon-il.us

Telephone: (217) 424-0856

Facility Health Service Administrator N/A

Name: Cathy Haynes R.N.; B.S.N.

Email: cathy.haynes@qchcweb.net

Telephone: (217) 424-0856

Facility Characteristics

Designated Facility Capacity:	425	
Current Population of Facility:	279	
Average daily population for the past 12 months:	282	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-80	
Average length of stay or time under supervision:	28.5 Days	
Facility security levels/inmate custody levels:	Minimum-Maximum	
Number of inmates admitted to facility during the past 12 months:	2704	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1221	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	596	
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)	Click or tap here to enter text. <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>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):</p>	<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 checked="" 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 checked="" type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	79	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	6
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:	29
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	8
Physical Plant	
<p>Number of buildings:</p> <p>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.</p>	1
<p>Number of inmate housing units:</p> <p>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.</p>	7
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	22
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	20
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	4
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	13
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

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

Before the on-site visit, the Agency PREA coordinator conducted an on-site "pre-audit" of the facility to assist with PREA audit preparation. Prior to the on-site visit, the PREA Coordinator and facility staff forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination. Policies and documentation are in the form of agency directives and policies. Additionally, before the audit, discussions were held on the updates of the pre-audit questionnaire, investigations, and Institutional Supplements. The documentation provided to the Auditor included: forms utilized by the agency, education materials, training curriculums, organizational charts, posters, brochures, reports, inmate population reports, staff schedules, memorandums of agreement and MOU's, signed training rosters, community-based contact information, facility layout, electronic surveillance information, and other PREA related materials that were provided to demonstrate compliance with the Prison Rape Elimination Act standards. During the on-site review the facility provided updated training files, offender records, personnel files, investigative reports, retaliation monitoring documentation, gender specific training curriculum, volunteer files, targeted population reports, offender population by living units, and other material as determined in order to verify compliance.

Certified auditor Robert Manville conducted the on-site visit for the Prison Rape Elimination Act (PREA) audit of the Macon County Jail from 2-22 through 2-24, 2021. Notices of the upcoming audit and the Auditor's contact information were posted throughout the institution on January 11, 2021. Upon arrival at the facility, an in-briefing meeting was held with the Jail Administrator and his assistant. The standards used for this audit became effective on August 20, 2012.

Staff Interviews

A total of fourteen (14) randomly jail supervisors were interviewed, including employees from the day and night shifts. Sergeants and Corporals from all shifts were included in the interview process as part of the specialized staff. All were aware of the agency's zero-tolerance policy and their responsibilities to protect inmates from sexual abuse/sexual harassment and could explain their new employee and annual PREA training and their duties as first responders as part of a coordinated response. Each officer was able to articulate the training they have received documented in the PREA questionnaire. All staff have been trained on Cross-Gender searches. All staff indicated while they have been trained, they have not conducted a pat down search on persons of the other gender. Most staff could explain exigent circumstances when

they may be required to conduct a cross-gender pat search. It was recommended that the training enhanced the meaning of exigent circumstances.

Specialized staff members were also interviewed, including County Sheriff, Jail Administrator, Sheriff's Office Detective, Assistant Jail Administrator, Medical Administrator, and Mental Health providers. Also interviewed were staff from Decatur Memorial Hospital, Decatur, IL, and Growing Strong Victim Advocate Services.

Inmate Interviews

Inmate random interviewed inmates included inmates housed in every dormitory in each program. The inmates were interviewed using the Department of Justice protocol interview questions. Overall, the inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process. There was one inmate that had a history of sexual victimization. A total of 28 inmates were interviewed.

Investigations

During the audit period, there was one (1) allegation of sexual abuse investigations conducted at the facility. Macon County Sheriff's office investigates sexual abuse that could lead to a criminal complaint. Allegations that appear to be criminal in nature, involving Macon County sworn officers, are investigated by Illinois State Police.

File Reviews

The Auditor reviewed Twelve (12) personnel staff files, which included files representing four (4) recently hired staff and four (4) promoted staff members. A corrective action plan was completed to update five years reviewed. During the audit, the sheriff's office updated all staff with over five years of tenure to comply with the PREA standard. Five (5) tenured staff files were reviewed.

Ten (10) inmate records were reviewed. These records included the following information.

- Identification Number
- Identification Number Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation

Twelve (12) employee training records were reviewed. The employee training records included random officers, medical staff, mental health staff, and lieutenants that conduct PREA harassment investigations. Each file included annual PREA training and specialized training for Medical, mental health, and Lieutenants that completed investigations.

Facility Characteristic

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

The Macon County Jail is in Decatur, Illinois, and is part of the law enforcement and courts complex. The jail is on the second floor of the sheriff's office. The first floor contains sheriff's administrative staff, detectives, and a probation wing. The jail is designed with 22 small multiple occupancy living units. Six small dormitories are utilized for honor detainees. The facility has 20 single-room beds located in a segregated area. The jail is a modular/linear design with a central control where all cells are under video surveillance.

Inside each of the living-units, there are showers with a wall separating the showers from the facility's open area. The facility has installed curtains up from the wall to provide more privacy when offenders are showering. Upon entering each dormitory, the following signs were displayed on a bulletin board framed on the walls; PREA zero-tolerance signs, Victim support services, Third-party reporting, and Notice of PREA audit in English and Spanish.

The Booking areas are utilized as the Receiving/Discharge area. Upon arriving at the facility, inmates are individually taken to an office to shake down and be issued clothing. There is a partition for inmate's privacy during the shakedown. Only inmates of the same gender conduct these searches. There were zero-tolerance posters displayed in the intake area. The facility has added a brochure for inmates arriving at the facility to enhance notification to detainees of the jail's zero-tolerance and wait to report an allegation of sexual abuse or sexual harassment.

The Health Services Department contains treatment rooms and offices. While there are cameras located in the health services department, none of the cameras provided a view of the examination rooms. Health services are operated by a private vendor.

There are recreation areas located in the center of the jail. There are cameras located in this area. There are no blind spots in the recreation area.

All areas of foodservice are under constant surveillance with cameras, mirrors, or staff supervision. There are zero-tolerance posters in all food service areas. A private vendor operates the food service department.

The Visitation area allows contact and non-contact visits. There were PREA zero-tolerance signs were posted in both English and Spanish; Victim support services, Third-party reporting, and Notice of PREA audit were also posted in this area. There are cameras in the visitation room. There were no cameras located in a private area utilized to search offenders before and after visitations.

During the review of all cameras located at the facility, none of the shake-down partitions could be viewed by the persons reviewing cameras. A review of all cameras found that all were

operational, and none provided any privacy concerns.

The facility is staffed by 79 deputized jailers and 29 contracting staff for medical and foodservice operations. In 2018 and 2019, the facility completed a camera mapping plan that included updates to modern cameras and monitors with increased surveillance abilities.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: **Standard 115.41: Screening for risk of victimization and abusiveness; Standard 115.81: Medical and mental health screenings; history of sexual abuse**

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met:

List of Standards Not Met:

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act Zero Tolerance Poster
 Macon County Jail Memo: Sheriff
 Macon County Sheriff's office website
 Sexual Harassment Policy
 Organizational Chart and Chain of Command

Macon County Jail (MCJ) Policy and Standard Operating Procedure 7.8 Prison Rape Elimination Act and Macon County Sheriff's Office website establishes the standards for operating the jail in line with the PREA standards for Prison and Jails. The policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. These policies and procedures establish the responsibilities to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to, and investigating the sexual abuse and sexual harassment of inmates. The facility has a detailed policy and organizational chart the auditor

was provided during the pre-audit phase of the audit. The facility staff interviewed, acknowledged, and understood the zero-tolerance policy and the specific Prison Rape Elimination Act policy. This determination is based on the agency-level staff completing the Prison Rape Elimination Act auditor training. The MCJ policy outlines procedures and expectations related to the staff's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This policy addresses Macon County Jail responsibility to implement all mandates. It is developed in compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.

The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with the Employee Discipline policy and Facility Rule of Conduct and subject to employment termination. Employees are subject to criminal prosecution.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

The county's zero-tolerance against sexual abuse is established, and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency memorandum establishes a position of PREA Coordinator with the responsibility to oversee the implementation and management of the Prison Rape Elimination Act of 2003.

The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and Spanish. Additional program information is contained in the A&O Handbook, and postings are distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policy and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its zero-tolerance position.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail does not have authority to contract for confinement of offenders.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Staffing Plan

Camera Locations

MCJ supervisory staff rounds

Staffing Plan re: Adequate Levels of Staffing

MCJ - Annual Reviews & Audits

PREA Jail Staffing Plan_2021

Well-being Checks

Officer Command Rounds

Copies of officers' logbooks showing unannounced rounds by supervisors on all shifts

Macon County jail mandates that the facility will complete a staffing plan prior to opening a facility and will continue to review a minimum of once a year utilizing the following criteria.

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.
- Findings of inadequacy from Federal investigative agencies.
- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.
- The composition of the inmate population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Other relevant factors.

Interviews with the Jail administrator and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Jail administrator meets weekly with his executive staff with operational needs, including addressing staffing issues related to the PREA.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems, staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts, and these rounds are documented. PREA rounds are documented in operations lieutenants' logs and at the officer's stations logs for housing units.

By setting at a computer located in the Jail Administrator's offices, all cameras were review respective to their placement in the facility. Based on this review, there were no hidden areas that did not have cameras or mirrors for staff to observe all areas that offenders can visit except the bathroom and showering areas. These areas have curtains and privacy doors. There were no cameras directly viewing the areas that offenders can dress, use the toilet, or shower.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift, and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The shift supervisors and assistant jail administrator conducts unannounced rounds throughout the facility each shift or daily. An examination of policy and supporting documentation and all interviews confirm compliance with this standard. Compliance was determined by staff interviews conducted during the tour of all areas of the facility, including human resource manager and correctional staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce quarterly meeting records; pay period staffing reports and the examination of the video monitoring system. A comprehensive tour of the facility was

conducted during the audit, which included looking for blind spots and reviewing camera coverage and available staff in areas in which inmates were assigned. Subsequently, tours of each facility area were also reviewed while going throughout the facility to meet with staff and interview inmates.

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.

POLICY AND DOCUMENT REVIEWED:

Statement of Fact- No Youthful Inmates

The facility 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.)
a. 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.

POLICY AND DOCUMENT REVIEWED:

PREA Statement of Search Preference

Search Policy

Pre-Service Training- Training

Pre-Service Training Roster

Statement of Fact: Limits to Cross-Gender Viewing and Searches

MCJ Search Policy mandates that Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never for the purpose of examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff interviews also confirmed that all officers had been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The facility allows transgender offenders to determine staff gender for pat searches. The facility does not allow cross-gender pat searches except in emergency situations. When a cross-gender pat search occurs, staff must document the incident on the pat search logbook. The auditor observed that each unit has individual stalls for privacy in utilizing the toilets. The facility has implemented a policy that all opposite gender staff working the units will announce themselves before walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. The control room will document announcements and make announcements with people of the other gender entering the housing units. Inmates interviewed acknowledged they could shower, dress and use the toilet without being viewed by the staff of the opposite gender. Staff and inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announced the possibility of opposite gender staff entering the housing units at the beginning of each shift.

Additionally, the auditor observed written notifications that clearly stated the possibility of opposite gender staff routinely entering the unit's units in common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. No cross-gender strip searches nor cross-gender body cavity searches of any offender and no cross-gender pat-down searches of any female offender were performed at the facility during the last 12 months. The living areas have showers with partitions that provide for inmate privacy while showering. Some toilet areas have partitions with doors to allow inmates to use the restroom without being viewed by staff. Other bathroom areas have routine doors with a sink. During the audit, an additional curtain was placed leading into the shower/toilet area due to concerns that offenders could be seen naked in view of persons of the other gender.

Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of a visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never to examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff interviews also confirmed that female

officers had been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training.

Staff and inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announced the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications that clearly stated the possibility of opposite gender staff routinely entering the unit's units in common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member. Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas, it has been determined that MCJ complies with this standard.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act
Language Line Contract for Services
Quality Correctional Health Care Special Needs Communication

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act mandate that inmates with disabilities and inmates who are limited English shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Directive.

PREA Policy maintains that the staff will respond to the needs of inmates with disabilities or limited English proficiency. Upon identifying an inmate with a disability that prevents them from reading or understanding inmate PREA educational materials, staff conducting initial intake screenings coordinate with other staff as needed to obtain appropriate accommodations addressing the inmate's disability (i.e., referral to medical as appropriate).

Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The disabled inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures, and handouts, are available in English and Spanish, and other languages. Staff also may read information to inmates when necessary. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants to perform first responder duties or during the investigation of an inmate's sexual abuse/sexual harassment allegations. Interviews with first responders, medical, mental health, and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions.

Along with the contracting medical services, the facility can also utilize the Macon County Health Department to identify appropriate community resources for deaf and blind detainees. Interviews with staff and inmates and examining policy/supporting documentation also confirm compliance with this standard. Compliance with this standard was confirmed by reviewing Agency Policy, Institutional supplement, contracting services for language interpretation services, and interviews with staff and disabled inmates.

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.

POLICY AND DOCUMENT REVIEWED:

Backgrounds

Contractor/Volunteer Screening

Mandatory Background Form 2019

Employee Questionnaire

All employees, contractors, and volunteers have had criminal background checks completed. The facility does not hire or promote anyone who may have contact with inmates. Likewise, the facility does not enlist the services of any contractor or volunteer that 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 if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist any contractor or volunteer services who may have contact with inmates. The facility staff asked applicants and employees who may contact inmates directly about previous misconduct; they use a form to document. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA. Interviewed HR staff confirmed that the facility would provide employment information, released dates, and other essential information; however, they are prohibited from giving detailed information on employee substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer who may request this information.

Policies and staff interviewed stated that the facility requires that a criminal background record check be completed before enlisting any contractor's services who may have contact with inmates. The policy requires that before hiring new employees who may contact inmates, the agency performs a criminal background check consistent with Federal, State, and local law. The policy also requires that best efforts be made to contact all prior institutional employers for information on inmates' substantiated allegations, detainee sexual abuse, harassment, or any resignation pending an investigation of such allegations. MTC requires the facility not to hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, to include persons who are mentally ill, mentally disabled, chronically ill, handicapped, or requiring skilled nursing, intermediate, long-term care, custodial, or immaterial care.
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection.

The facility had not completed a five-year background check on all staff. A corrective action plan was required. The facility completed the corrective action plan during the audit. A review of five-year background checks was review, and found that the facility was compliant with this standard. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. Sample of background checks for newly hired staff, promotion, and five-year tenure staff verified compliance with this standard. Further compliance was determined by reviewing the facility policy updates, interviews with the jail administrator and chief deputy.

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

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POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons
TDCJ Safe Prisons Plan (February 2019)

Statement of Fact

The entire jail has undergone an upgrade to its security integration system, including all new locks and computerized control. Additional cameras were installed with upgrades to HD for better monitoring of the facility. This process was beginning in 2017, and modifications were completed in 2018. At present, the facility has cameras located throughout the facility. A review of the cameras determined that no cameras would allow staff to see inmates showering or using the toilet. A tour of the facility, a view of each camera, and interviews with jail administrators confirmed compliance with this standard.

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

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POLICY AND DOCUMENT REVIEWED:

MOU with Growing Strong
Medical Staff Training
Victim Representative Memo
Victim Representative Certificate
QCHS policy J-E-08 Emergency Care
Sexual Assault Brochures
Macon County Investigative Policy and Protocol.

The written policy requires that MCJ make available to an offender victim of sexual assault, a victim advocate from a rape crisis center.

Macon County Investigative Policy and Protocol mandate that the Macon County Sheriff's Office Detective with being the primary investigative organization within the MCJ. Investigations involving law enforcement staff (jailers) are referred to the Illinois State Police

for investigations. The sheriff's office Detective has received training on conducting sexual abuse investigations in a confinement setting and is the primary lead Detective on sexual assault cases in the community.

The agency follows a uniform evidence protocol described in the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only, and the victim would be transported to a local hospital for examination, treatment, and forensic evidence gathering by a SANE nurse. All sexual abuse advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim. The Jail has an MOU Growing Strong to provide victim advocacy services. As part of the MOU Growing Strong advocacy program provided victim advocates to accompany or met with detainees at the Medical Center. Growing strong provides victim advocate services, follow-up care beyond the abuse, and will provide services if the incident happened prior to incarceration. The facility also has posted in both English and Spanish the Rape Hotline numbers. As part of their comprehensive response plan, the victim has multiple avenues that would allow someone to attend the exam with them.

The facility has a very extensive section in their inmate handbook that explains every step in the process to know what to expect in case of sexual abuse. They have included all the information for Growing Strong to assist the victim. One of the detainees reported that she had utilized the Growing Strong local domestic violence program and was still utilizing their confidential support program.

A review of training records confirmed that internal investigative unit staff had received appropriate investigator training on investigating sexual abuse and harassment in a confinement setting. Interviews with staff, local hospital nurse, local rape crisis center advocate, and an examination of documentation confirmed compliance with this standard. Correctional and medical staff members 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 members were also aware of the staff responsible for conducting PREA investigations.

In our telephone interview, the hospital representative indicated that the hospital works with a victim advocacy group located at the hospital to provide advocacy services, including staff to accompany inmates who have been sexually abused. There were no forensic examinations conducted during the past 12 months.

Compliance was determined by reviewing policy, documentation of training records, Memos from advocacy programs, and interviews with MCJ staff and inmates. Sex Abuse Detective interview also confirmed that the investigative staff uniform evidence protocol.

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

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

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act Report of Alleged Sexual Abuse

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act meets this standard's requirements. When required, the facility investigators refer sexual abuse investigations (criminal violations) to the sheriff's office detective who follows the standard's requirements. The facility supervisor must investigate all sexual harassment. Usually, the assistant jail administrator investigates allegations of sexual harassment.

A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and an examination of policy/supporting documentation confirm compliance with this standard.

The investigating staff was interviewed and proved knowledgeable concerning the protocols for investigating alleged sexual abuse/sexual harassment. Interviews sheriff's office Detective, as well as an examination of all investigations and supporting documentation, confirm the facility's compliance with this standard.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act
Prison Rape Elimination Act
Certificates
PREA Procedure Acknowledgement

All staff are provided an Employee Manual which includes information on all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, protecting the inmates, and preserving the possible crime scene.

Newly hired employees are required to attend the Police Office Training and then jail operations training which includes:

- A zero-tolerance policy for sexual abuse and sexual harassment.
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Inmates' right to be free from sexual abuse and sexual harassment.
- Employees' right to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions to sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- How to conduct Cross Gender Pat Searches.

Yearly refresher training is required for all staff. Contractors and volunteers are provided training relative to their duties and responsibilities by the facility PREA Compliance Manager. A review of the training curriculum, training sign-in sheets, and other related documentation and staff interviews confirmed staff is required to acknowledge, in writing, not only that they received PREA training but also that they understood it. A review of documentation and staff interviews confirmed that the facility is compliant with this standard.

The facility houses both male and female inmates. The facility provides gender-specific training at the Police academy and locally as part of the initial jail training.

A sampling of staff annual training files (12) was reviewed and found to contain documentation supporting compliance with this standard. All staff interviewed indicated that they had received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed, and officers assigned to the restrictive housing unit also receive additional training. The extensive training provided and the staff's knowledge of the PREA requirements confirmed that the facility is compliant with this standard. Shift supervisors and staff provided documentation of shift briefing training that is provided on an ongoing basis.

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

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

POLICY AND DOCUMENT REVIEWED

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act
MSO - PREA Training for Support Staff
MSO-PREA Support Staff Acknowledgement 2019 Support Staff Training
KAR PREA Medical Care
QCHC Policy PREA
QCHC PREA Certificates

Contractors and volunteers are provided training relative to their duties and responsibilities. MCJ contracts with QCHC for medical and mental health services. The contractors have developed and implemented specialized training for mental health and medical staff that includes PREA basic and specialized training for medical and mental health staff. All contract and volunteer staff are required to receive PREA training annually. A review of the training curriculum, training sign-in sheets, other related documentation, and staff interviews confirmed staff are required to acknowledge, in writing, not only that they received PREA training but also that they understood it. A review of documentation and staff interviews, including QCHC lead nurse and Private vendor food service supervisor, and facility's training officer, confirmed that the facility is compliant with this standard.

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.

POLICY AND DOCUMENT REVIEWED

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act
English Inmate Handbook
Initial Email Education
MSO-PREA Inmate Training Acknowledgement

Interviews with inmates and staff indicated that inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment and explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates that have been at the facility for some time indicate they received additional training and viewed a video. However, the center could not provide documentation of the training, so a corrective action plan was required. The facility has updated their booking to include advising inmates during the PREA requirement screening and having offenders sign they have received the initial training. The facility implemented a training program for inmates at the facility within 25 to 30 days to receive the comprehensive training and sign for the training. The Offender handbook provides an overview of the PREA standards requirements detailed in the training standard and extensive information on the services offered by the Growing Strong advocacy program. The additional requirements for compliance with the standard include that all inmates are required to acknowledge in writing they have received PREA education. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred from another facility, the policy requires that this training process be repeated at MCJ. The updated training program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities.

There is a translation language line available to LEP inmates. During the interview process, randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment, and their right not to be punished for reporting sexual abuse/sexual harassment. The facility provided the updated corrective action plan to determine final compliance with this standard on March 29, 2021. Compliance was determined by reviewing the updated training and acknowledging training and samples of offenders receiving the training.

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.

POLICY AND DOCUMENT REVIEWED

Training Records for Facility Trainer
 Detective Certificates

MTC requires that administrative investigations be conducted by trained investigators who are full-time employees at the facility. The auditor reviewed specialized training documentation for jail staff, the Detective Training Instructor Guide, the course completion list for Investigating Sexual Abuse in a Confinement Setting, and the Investigator Certification Training List. When criminal investigations are indicated, they are conducted by the Sheriff’s Detective. Interviews with staff, the PREA investigator, the Detective from the Sheriff’s office, and an examination of policy confirmed compliance with this standard. The county detective has extensive training in sexual abuse, sexual assaults, domestic violence, and criminal investigations.

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

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POLICY AND DOCUMENT REVIEWED

QCHC Policy PREA

QCHC PREA Certificates

Statement of Fact Statement of Fact

QCHC Policy PREA mandates specialized training for medical and mental health staff. The facility has full-time medical care staff and part-time mental health staff on site. Specialized training is contracted through Quality Correctional Health Care to train medical and mental health staff, including PREA basics. All mental health and medical staff have received the required specialized training 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, victim identification, interviewing, reporting and clinical interventions. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training as it relates to the PREA. Interviews with medical and mental health staff confirmed their responsibilities regarding the PREA specialized training medical and mental health staff have attended during the last 12 months. Medical staff interviewed were highly knowledgeable of sexual abuse and sexual harassment and responses to reporting and identifying sexual abuse or sexual harassment. The compliance was determined by reviewing the QCHC training curriculum, interviews with nurse managers and nurses assigned to Macon County Jail.

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.

POLICY AND DOCUMENT REVIEWED

Intake Screening Tool
PREA Intake Screenings
Assessment Screening (Special)
QCHC Policy Mental Health Screening

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act establishes policies and procedures governing this standard. All offenders are assessed during the intake screening process for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The Booking Officer conducts the screening. The screening occurs typically within twenty-four hours, but no more than seventy-two hours, after the inmate's arrival. Policies and procedures require the use of a screening instrument (reviewed by an auditor) to determine proper housing, bed assignment, work assignment, education, and other program assignments, to keep inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive.

QCHC Policy Mental Health Screening mandates that all detainees will receive a mental health screening. Medical staff's initial mental health screening occurs for all patients as soon as possible and maybe conducted within 14 days of arrival during the Intake History and Physical when trained custody staff have done a receiving screen at intake. The screening includes a structured interview with inquiries about past or present mental health issues to include:

- Psychiatric hospitalization and outpatient treatment
- Substance abuse hospitalization
- Detoxification and outpatient treatment
- Suicidal behavior
- Violent behavior
- Victimization
- Special education placement
- Sex offenses

The Classification office performs a 30-day screening on all detainees. Controls are in place to ensure that information received during the screening is only available to staff on a need-to-know basis. The policy prohibits inmates from being disciplined for refusing to answer or not

disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history, and vulnerability perception. Housing and program assignments are made on a case-by-case basis, and inmates are not placed in housing units based solely on their sexual identification or status.

A review of 10 initial and rescreening instruments revealed that all inmates were screened and rescreened as required by standards. Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the MCJ. Also, during intake screening, procedures require staff to review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, and medical files) for any indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly. The facility uses the agency Screening form and the Screening for Risk of Victimization and Abusiveness as the objective screening instruments. Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses the agency form and the PREA Intake Objective Screening Instrument to document this process. Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the inmate has a mental, physical, or developmental disability.
- The age of the inmate.
- The physical build of the inmate.
- Whether the inmate has previously been incarcerated.
- Whether the inmates' criminal history is exclusively nonviolent.
- Whether the inmate has prior convictions for sex offenses against an adult or child.
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the inmate has previously experienced sexual victimization.
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

Exceed compliance was determined by reviewing the screening instrument, reviewing inmate records with screening and rescreening instrument, and reviewing mental health screening instruments. Exceed compliance was further determined by interviews with the classification team, PREA compliance manager, mental health, and medical staff.

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

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Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act Intake Screening Tool

QCHC Policy Mental Health Screening Statement of Fact

The facility's classification procedures provide that risk screening information is used to determine housing, bed, work, and education and program assignments to keep separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials to complete this task. MCJ has a classification team that reviews housing assignments continuously based on intelligence reports regarding gangs, additional criminal charges, sentencing, and intelligence information received by the team. The classification team receives information from the mental health staff on housing decisions. The classification team supervisor advised he does not receive mental health diagnosis; however, he does receive mental health recommendations of victimization or predator status in making housing assignments.

The specialized treatment team utilizes the Screening instrument, additional mental health evaluations, and rescreening as part of the mental health treatment plan. Macon County Jail does not operate a dedicated facility for transgender or intersex inmates. There are no specialized housing units for transgender or intersex inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, including whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. The policy states that a transgender or intersex inmate's view concerning his safety should be given serious consideration when making these assignments. MTC policy mandates that transgender and intersex inmates shower, dress, and use the toilet facilities separately from other inmates. The facility has one transgender inmate assigned during the last 12 months. The Jail Administrator interview confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific population. Interviews with staff and inmates, observations of housing assignments and unit activities, as well as an examination of documentation/policy, confirm that the facility is following this standard.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act
Statement of Fact Statement of Fact

Policy states inmates at high risk for sexual victimization shall not be placed in involuntary status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. No inmates were placed in this status within the last year.

While in segregated housing, restrictions on work and education assignments are applied. Program opportunities are provided within the segregated housing. A review of the segregation unit's use during the last 12 months validated that no inmate was housed in segregation for a PREA investigation or allegation. During my interview with the Jail Administrator, the facility does not segregate based on the potential victimization. The facility will look and place them in an area that is safe and secure. If an inmate were placed in segregation, they would have access to the same opportunities as the general population inmates. If they were placed in segregation, it would only be until reasonable housing could be arranged. The policy states segregation housing would be reviewed every 30 days if needed. The jail administrator interviewed indicated that if a detainee were in imminent danger at the jail due to sexual abuse or other areas such as gang leaders, the jail would reach out to other jails to provide accommodations for the detainees as a last resort. Compliance was determined by reviewing policy, segregation logs, and interviews with the jail administrator and PREA compliance manager.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Standard Policy and Operating Procedure 7.8 Prison Rape Elimination Act

Inmates are provided with information on how to report sexual abuse or harassment to facility staff and public and/or private agencies not affiliated with MCJ and procedures for permitting third-party reports of sexual abuse/harassment on behalf of an inmate. Information for third-party reporting, such as friends or family, can be found in the visitation room and offender handbook. This information is made available through posters, handbooks, and pamphlets. Inmates may privately report sexual abuse, sexual harassment, retaliation by other inmates or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents in several ways. Inmates may speak with any staff member, contact their family or friends, or utilize an Inmate Request. All staff will accept reports made verbally, in writing, anonymously, and from third parties. Staff will promptly document any verbal reports and will immediately report any such information to the shift supervisor. A review of supportive documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. Throughout the facility, there are posters and other documents on display that also explain reporting methods. The poster states that The Macon County Jail has a ZERO TOLERANCE policy for all forms of sexual abuse and sexual harassment. To report sexual abuse, inmates can tell an officer, write a request or call 217-425-5994, or contact Growing Strong Sexual Assault Center by writing to 270 W Prairie Ave, Decatur, IL 62523.

Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse/sexual harassment. The center has also posted a phone number to report to the National Sex Abuse Reporting and Consultant Offices. Inmates at the facility are not detained solely for civil immigration purposes; however, some detainees could be placed in a deportation status.

Compliance with this standard was validated by reviewing the inmate handbook, posters throughout the facility, policies on inmates reporting sexual abuse or sexual harassment, and interviews with staff and inmates.

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 file 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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Standard Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act- Inmate Grievance

Macon County Jail Standard Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act- Inmate Grievance addresses the mandates of this standard. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process, and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, the policy prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. The policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. The policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside victim advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were no grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations.

Disciplinary action may be taken if a grievance was filed in bad faith. Compliance was determined by a review of policy and grievance logs and an interview with the PREA compliance manager and inmates.

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.

POLICY AND DOCUMENT REVIEWED:

MOU Growing Strong

The facility had an MOU with Growing Strong Sexual Assault Center. The auditor contacted the advocacy center, and they confirmed that the center had an MOU with the facility. The staff indicated that before the pandemic, they visited the jail to offers seminars with inmates. The staff interviewed at the Growing Strong indicated they had trained staff to provide counseling and emotional support and works. Inmates are informed as part of their handbook of ways to contact the victim's emotional support staff. The facility enables reasonable communication between inmates and these organizations and agencies confidentially as possible. Interviews with staff and inmates, auditor observation of postings in the housing unit, interviews with the local victim advocates provided direct evidence that the facility and the Growing Strong rape crisis center were engaged and would provide the emotional support of victims of sexual abuse.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act
Macon County Sheriff’s Office Website Indicating 3rd Party Reporting

There are posters located throughout the facility including the visitation room on front entrance that provides the address and phone number for sheriff’s office and website information. Compliance was determined by review of policy, posters, MCJ website and interviews with staff.

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 person's 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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act
PREA Staff Training
QCHC Policy PREA
QCHC Policy Health Communication

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act mandates that staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the report's source. Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is ordinarily made to the Jail administrator but could be made privately or to a third party. The policy requires the information concerning the alleged inmate victim's identity and the specific facts of the case to be shared with staff on a need-to-know basis because of the involvement with the victim's welfare and the incident's investigation. The facility does not house inmates under the age of 18. Medical and Mental Health staff interviews determined that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The first staff member who has knowledge of the incident shall immediately report the allegation to a security supervisor. The security supervisor shall implement notification and response procedures by first notifying the highest-ranking security supervisor on duty. A review of established policy and interviews with staff members supports the finding that the facility follows this standard. The Jail administrator was interviewed and stated that the facility should report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Sheriff's office and immediately begin an investigation.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act Offender Protection Investigation

MCJ policies and operational plans mandate that offenders will immediately be protected from Interviewed staff members aware of their duties and responsibilities when they become aware or suspect an inmate is sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, including separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the shift supervisor and medical staff. The classification team and intel staff work continuously to manage the jail population. In the past 12 months, no instance in which agency or facility

determined that an offender might be subject to a substantial risk of imminent sexual abuse. The jail administrator interviewed indicated that if a detainee were in imminent danger at the jail due to sexual abuse or other areas such as gang leaders, the jail would reach out to other jails to provide accommodations for the detainees as a last resort. Compliance was determined by reviewing the facility operating policies and interviewed classification staff and other staff during the facility's on-site tour.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act
Screening Instrument
Statement of Fact

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act meet the requirements of this standard. The policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility, where the alleged abuse occurred within 72 hours of receipt of the allegation. The policy also requires that an investigation be initiated. In the past 12 months, there was no allegation from an inmate that he was sexually abused or harassed while confined at another facility. Compliance was determined through review agency and company policy and interviews with the classification team and jail administrator.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act establishes mandates for staff, volunteers, and contractor’s roles for inmate allegation of sexual abuse. Upon learning of an allegation of sexual assault, first responders will notify the nearest correctional staff member immediately. The facility will separate the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they would request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. First Responder correctional staff should attempt to make notifications to shift supervisor or appropriate staff with as much confidentiality as possible. An examination of policy/documentation and interview with all staff interviewed by the auditor, including support staff, confirm compliance with this standard.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act Lesson Plan - PREA - Sexual Assault, Abuse Recognition & Prevention

Macon County Jail has a coordinated response plan and trains staff on the plan. There is a folder located in the control office for staff to review to carry out the plan. The plan includes:

- Immediately separate, isolate, and continuously observe the alleged perpetrator and victim until an investigator can see them.
- Notify Shift Command immediately.
- Call another Correctional Officer for assistance.
- If the abuse occurred within a period that still allows for the collection of physical evidence, staff shall request 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 period that still allows for the collection of physical evidence, 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.
- Provide medical assistance for the alleged victim as soon as possible and contact mental health services if needed.
- Take reasonable measures to identify, isolate, and separate witnesses.
- Protect all areas where physical evidence exists; lockdown inmates and secure the crime scene with limited access.
- The scene should be preserved exactly as found unless there is evidence that cannot be protected or secured without compromising the facility's safety and security. Take custody of physical evidence, which cannot be secured, and retain it in your possession until it can be transferred to the investigator.
- Observe all conditions, events, and remarks and record them for your report.
- If the first staff responder is not a security member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.
- The MCJ shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmate the mailing address and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The MCJ shall enable

reasonable communication between inmates and these organizations and agencies confidentially as possible.

- The MCJ shall inform inmates, before 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.
- The MCJ has a Memorandum of Understanding with Growing Strong Sexual Assault Center to assist with treatment for victims of sexual abuse.
- Should, the victim, refuse or decline medical or mental health services, they shall sign a refusal of treatment form.

The auditor reviewed the facility operating policies, observed facility practices, reviewed data and documentation provided by the facility staff, and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with documentation confirming compliance with the standard. Compliance was determined through the review of policy, interviews with the non-correctional staff, correctional staff, medical staff, victim advocate, and conversations with the classification team, human resource manager, and PCM.

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 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

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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.

POLICY AND DOCUMENT REVIEWED:

Statement of Fact

The facility is part of the sheriff's office bargaining agreements. The Jail administrator and sheriff was interviewed and verified that the collective bargaining agreement does not 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. Compliance was confirmed through interviews with administrative staff.

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

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POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act Retaliation Monitoring

MCJ prohibits retaliatory behavior by inmates or staff regarding the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates PREA related incidents and allegations. Inmate's rights documentation and staff policy establish expected conduct. The facility PREA Compliance Manager is responsible for monitoring retaliation and supervisors to monitor inmates as it relates to PREA allegations and incidents. The facility can change inmate housing or transfer inmate victims or abusers, remove alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse sexual harassment or for cooperating with investigations. The monitoring of any retaliation is conducted for at least 90 days or longer if warranted. The policy outlines the protection measures available and requires prompt remediation of any retaliation. The facility developed a retaliation form during the onsite PREA audit. There has been no retaliation monitoring in the last 12 months. Compliance was determined by review of policy, additional form development, and interview with the jail administrator.

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

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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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act Statement of Fact

Macon County Jail has a 20-bed segregation unit. The facility has the resources to provide segregation of the detainee was required to protect the victim. Based on interviews with jail administrators and shift supervisors, the initial response would be to move the predator. If the predator were a staff member, they would be placed on a secondary post or administrative leave pending investigations. The facility currently has no victims of sexual abuse in involuntary segregation. During interviews on the topic of retaliation, the timelines and procedures listed in 115.43 would be followed and enforced. Interviews with staff and tours of the facility confirmed compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act
Macon County Jail Sex Assault Investigations Policy
Statement of Fact

Macon County Jail Sex Assault Investigations Policy provides guidance for investigating all allegations of sexual abuse or sexual harassment. Macon County sheriff's office has law enforcement credentials and is responsible for investigating all allegations of sexual abuse. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator. The Illinois State Police would investigate an allegation of sexual abuse involving sworn deputy sheriffs (Jailors) and inmates. When a case has been substantiated, allegations of conduct that appear to be criminal are referred for prosecution, and the facility consults with the prosecutor. Because an outside agency is investigating, the facility cooperates and remains informed about the investigation's progress.

Macon County employs a sexual abuse trained detective that conducts all allegations of sexual abuse not involving deputy sheriffs. Discussion with the detective validated training included all aspects of the standards for sexual abuse and harassment training. The facility assistant jail

administrator conducts administrative investigations. According to the assistant jail administrator, if an administrative investigation is conducted, the investigations consider all potential factors in the potential causation to the alleged sexual abuse, including if staff actions or failures contributed to the alleged sexual abuse. There was one allegation of inmate on inmate sexual assault that was referred to the Macon Co. State's Attorney who declined filing charges.

If an inmate has been sexually assaulted they would be treated as any other victim in the community. Their status of incarceration would not be a determining factor as to whether to investigate or not. The victim would not be asked or compelled to take a polygraph or any other truth-telling device. Once the investigation is completed, it is automatically turned over to the prosecuting attorney to decide to file charges.

The alleged victim or abuser's departure from custody or employment is not a basis for termination of an investigation.

All investigations, including administrative investigations, are documented in a written report. Trained investigators conduct the investigation for sexual harassment. Compliance was determined by reviewing the policy and investigative files and interviews with the county sheriff's office sexual abuse detective.

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*)

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POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act
Macon County Jail Sex Assault Investigations Policy

Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. The facility uses the preponderance of the evidence when they are investigating an administrative claim. Compliance was determined by review of policy, investigator training curriculum, interview with investigators, and PCM.

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

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POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act
Statement of Fact

The agency has a complete policy on the notification or reporting of investigation findings to the victim of sexual abuse or sexual harassment. The facility has no documented cases of substantiated sexual abuse cases. The policy directs that all findings involving a staff member be reported to the alleged victim. The reporting includes whether the staff member has been reassigned in the facility, the staff member is no longer employed, or if the staff member has

been charged/indicted related to the sexual abuse. The policy also directs that all findings involving another inmate be reported to the alleged victim. The reporting includes whether the inmate has been charged/indicted on the charge related to sexual abuse. Compliance with this standard was determined by a review of policy and staff interviews.

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

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POLICY AND DOCUMENT REVIEWED:

Officer Conduct Policy
Employee Handbook; Staff Relationship
Employee Disciplinary
Statement of Fact

Officer Conduct Policy mandates that staff who engages in sexual abuse or sexual harassment of inmates. As part of the disciplinary process, an investigation will be conducted. After the investigation, an employee could face termination if the act itself rises to the termination level. The decision for discipline is based on several factors, including the alleged victim's claim, employee's past disciplinary record, and sanctions imposed on other staff who engaged in similar conduct. With the agency being a law enforcement agency, the notification is made internally, and the staff member's employment status does not determine the findings. If there is a governing licensing body, the agency would report the findings of the investigation. The facility currently has both sworn and civilian employees, so depending on the status would determine if the findings would be submitted to the licensing body.

Compliance with this standard was determined by a review of policy and Jail administrator and Sheriff's interviews.

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

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POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act Statement of Fact

Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and reported to the appropriate investigator and law enforcement or relevant professional/licensing/certifying bodies unless the activity was not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. Compliance with this standard was determined by a review of policy, volunteer/contractor training files, and contractor interviews.

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

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

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act Discipline Policy

If a report of sexual contact is made against a staff member and the staff member did not consent, the inmate will be disciplined according to the policy. If a report is made in good faith, the facility will not seek charges or administrative discipline for the inmate. The agency does not allow consensual sex between inmates. Compliance was determined by policy and interview with the jail administrator.

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

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POLICY AND DOCUMENT REVIEWED:

QCHC Policy PREA
QCHC Policy Informed Consent
QCHC Policy Health Communication
QCHC Policy Emergency Services
QCHC Consent to Therapy

Medical care is contracted with Quality Correctional Health Care. The medical and mental health staff conducted intake screening for medical and mental health on all new bookings. This mental health screening includes inmates with prior history of victimization and inmate who have previously perpetrated sexual abuse. Treatment services are offered without financial cost to the inmate. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or the community. During the intake process, a medical provider separately interviews the incoming inmate. During this process, follow-up meetings with the inmate with a history of sexual abuse or identified as a sexual predator are scheduled. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization, which did not occur in an institutional setting. The institution does not house inmates under the age of 18. All screenings are recorded in the Medical and Mental Health inmate records. All information is handled confidentially, and interviews with intake screening staff support a finding that the facility follows this standard.

The standard 115.81 (a & b) is not applicable since they are a jail and not a prison. However, due to contracting requirements, mental health provides screening and mental health referrals and mental health services on all allegations of sexual victimization or predator behavior.

Compliance was confirmed by a review of policies and intake screening documents, as well as interviews with one inmate who self-identified as having experienced prior victimization during intake and interviews with mental health staff.

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.

POLICY AND DOCUMENT REVIEWED:

QCHC Policy PREA
QCHC Policy Informed Consent
QCHC Policy Health Communication
QCHC Policy Emergency Services
QCHC Policy Contraception
QCHC Consent to Therapy

Medical personnel are on duty 24 hours a day, seven days. Mental health providers are on-site a minimum of 8 hours a day and are also available for call-back during off-duty hours. Medical and Mental health staff are available for telemedical and mental health 24 hours a day. Agency policy prohibits inmate co-pays for medical treatment to victims of sexual abuse, and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse while incarcerated are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were no allegations of sexual abuse that required referral for forensic examination in the last year. Compliance with this standard was determined by reviewing policy/documentation and interviews with SANE medical staff at Decatur Memorial Hospital and the lead nurse.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act
QCHC Policy PREA
QCHC Policy Informed Consent
QCHC Policy Health Communication
QCHC Policy Emergency Services

Quality Correctional Health Care employs medical and Mental Health staff at the MCJ. Staff follows and adheres to policies and procedures outlined in QCHC Policy Manual. QCHC provide direction for Medical and Mental Health treatment of inmate that has been assaulted. The facility will provide sexually abused victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility does not house any offenders under the age of 18.

When notified, MCJ would allow staff to conduct a mental health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. As part of the facility's screening tool, if the inmate has been victimized, they will be offered follow-up service, treatment, even if they have been transferred to another facility or released, and these services will be free of charge. Victims would also receive timely and comprehensive information about and timely access to all necessary medical services.

All inmates who present with sexual assault/abuse complaints will be immediately evaluated, examined, and appropriately referred for required services.

If a female inmate has been sexually abused, she will be offered pregnancy testing. If positive, she will receive timely access to pregnancy-related services, and these services will be free of charge and sexually transmitted infection testing.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act mandates this standard. The policy requires the following:

- a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and
- b) Determine what may have been the motivation for the incident or allegation, such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- d) Assess whether monitoring technology should be deployed to supplement staff supervision.
- e) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any improvement recommendations.
- f) Documentation for any recommendation not implemented shall be maintained.

During the review, the facility developed an incident review document to ensure that all the information required by the standard is included in the incident team reviews.

The incident review team is in place. The facility had one allegation of sexual abuse within the last 12 months. The incident investigation had concluded with 30 days, and an incident review was completed during the onsite audit. The review team consists of upper-level management, line supervisors, investigators, and mental or medical health providers.

A review of the Incident Review team documentation of alleged sexual abuse, policy, and interviews with the Jail administrator confirmed compliance with this standard.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act
Macon Co Jail Activity Report
Macon County Jail Website

A review of documentation supports the finding that MCJ has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. The information is not on the jail website; however, it is available to the public. It was recommended that this information be placed on the website. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility provides the required data for the preparation of the report. A review of documentation and staff interviews confirmed compliance with this standard. Compliance with this standard was also determined by reviewing policy/documentation and an interview with the Jail Administrator and Sheriff.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act address the mandates of this standard. The agency and facility 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, identify any trends, issues, or problematic areas, and take corrective action if needed. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

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.

POLICY AND DOCUMENT REVIEWED:

Macon County Jail Policy and Operating Procedure 7.8.12 Prison Rape Elimination Act

All the information retained in the reports is securely placed to protect the identity of those involved. The agency on has one facility to operate and all records and reports will be maintained for at least 10 years according to the policy and procedure manual. Compliance with this standard was determined by a review of policy/documentation and interviews with the jail administrator.

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.

This is the second PREA audit of this facility. The previous PREA audit was in October 2017. The initial audit for this cycle was scheduled for October 2020 but was rescheduled due to a COVID 19 mandate from the Illinois Governor to help control the virus. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. The auditor was provided supporting documentation before and during the audit. Notifications of the audit (posted throughout the facility) allowed inmates to send confidential letters to the auditor prior to the audit. The auditor received no pieces of correspondence from inmates or staff.

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 appeals 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 institution has fully implemented all policies, practices, procedures, and corrective action plans outlined in the PREA standards. The auditor reviewed applicable standards and, through

the review of supporting documentation, interviews with staff and inmates, and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Allegations of abuse are processed according to the standards, including incident reviews, disciplinary actions if required, and outcome notifications.

PREA training for staff and inmates is documented. All stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting, and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated with the intake and allegations of sexual abuse processes. Medical networks for the inmates are established in the community. MCJ currently meets all applicable PREA standards.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville

03/24/2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69. //