

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 05/01/2016

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| Auditor Information | | | |
| Auditor name: Philip Bradshaw - The Nakamoto Group | | | |
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| Email: phil.bradshaw@nakamotogroup.com | | | |
| Telephone number: 417-425-0564 | | | |
| Date of facility visit: April 4-6, 2016 | | | |
| Facility Information | | | |
| Facility name: Lincoln Correctional Center | | | |
| Facility physical address: 1350 Street, Lincoln, Illinois 62656 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: (217) 735-5411 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Kess Roberson | | | |
| Number of staff assigned to the facility in the last 12 months: 237 | | | |
| Designed facility capacity: 1019 | | | |
| Current population of facility: 1017 | | | |
| Facility security levels/offender custody levels: Minimum | | | |
| Age range of the population: 18-82 | | | |
| Name of PREA Compliance Manager: Angela Stahl | | Title: PREA Compliance Manger/QMHP | |
| Email address: angela.stahl@doc.illinois.gov | | Telephone number: (217) 735-5411 | |
| Agency Information | | | |
| Name of agency: Illinois Department of Corrections | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 1301 Concordia Court, Springfield, IL 62794-9277 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 217-558-2200 | | | |
| Agency Chief Executive Officer | | | |
| Name: John R. Baldwin | | Title: Acting Director | |
| Email address: john.baldwin@doc.illinois.gov | | Telephone number: 217-55-2200 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Michael Funk | | Title: PREA Coordinator | |
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AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act compliance audit of the Lincoln Correctional Center, Illinois Department of Corrections was conducted April 4-6, 2016. The standards used for this audit became effective August 20, 2012. The auditor was advised that the Director of the IDOC ordered all state correctional facilities to implement the provisions of the PREA. Prior to the onsite audit, the facility submitted the Pre-Audit Questionnaire and provided supporting documentation for the responses in the questionnaire. When the auditor first arrived at the facility, a meeting was held with the Warden, the Assistant Warden, Assistant PREA Coordinator, PREA Manager and several facility administrative staff, to explain the audit process. At the conclusion of the entrance meeting, a comprehensive tour of the facility was conducted and included the facility's intake unit, all housing units, segregation housing unit, health care areas, recreation, food service, education and programming areas. Female employees were observed to announce their presence when entering an area housing male offenders. Additionally, signs indicating that a female was on the unit were observed to be posted in the entrance to each housing unit. Informal conversations with employees and offenders regarding the PREA standards were conducted during the tour. Postings regarding PREA reporting and the agency zero tolerance policy for sexual abuse and sexual harassment was prominently displayed in all housing units, common areas and throughout the facility. PREA audit notices were prominently displayed throughout the facility.

Twenty-two offenders were interviewed during the audit. Of those interviewed, one was disabled, one identified as Transgender, two were victims of alleged sexual assault prior to incarceration and one was limited English proficient. The offenders interviewed were of various ages and ethnic backgrounds. Twenty randomly selected staff (from all shifts-male and female) were interviewed. The specialized staff interviewed were the Warden, Assistant Warden, Facility PREA Manager, intermediate and higher level staff, medical and mental health staff, Human Resources staff, volunteers and contractors, investigative staff, staff who perform screening for risk of victimization and abusiveness, Segregation staff, Incident Review Team members, the Retaliation Monitor, first responders and Intake staff. Written answers to the interview questions were received from the Director, PREA Coordinator and Contract Administrator. The auditor also inspected two PREA investigations (one substantiated, one unfounded; both sexual harassment involving offender on offender). There were no sexual abuse allegations. Additional files and documentation were also reviewed by the auditor as part of the on-site visit.

The auditor concluded, through interviews and the examination of policy and documentation and interviews with staff, contractors and volunteers, that all were knowledgeable concerning their responsibilities involving the PREA.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission statement and vision of the Illinois Department of Corrections is to protect the public from criminal offenders through a system of incarceration and supervision, which securely segregates offenders from society, assures offenders of their constitutional rights and maintains programs to enhance the success of offenders' re-entry into society.

The Lincoln Correctional Center (LCC) is one of twenty-nine correctional facilities in the Illinois Department of Corrections. The LCC was activated in 1984 and is located in Lincoln, Illinois, 30 miles north of Springfield, Illinois. The facility is comprised of 14 buildings contained on 25 acres of land. The facility consists of five dormitory style-housing units, one 11-cell segregation unit and an 8-bed infirmary health care unit. The average length of stay is 24 months. The average age of an LCC offender is 37 years old. The Lincoln Correctional Center employs 237 staff, 39 contractors and uses the services of 77 volunteers to assist in facility programs. The population during the audit was 1017. The facility has an operational population capacity of 1019. The facility does not house females or youthful offenders less than 18 years of age. Offenders housed at the facility are classified as minimum.

The prison has undergone no significant expansions, modifications, or upgrades since the initial construction other than the expansion of a unique bus pad designed to accommodate 18 transfer buses. The LCC had previously been accredited by the American Correctional Association, but that status had expired due to financial considerations. The facility has 70 cameras located throughout the facility monitoring system, and has requested funding from the IDOC to install additional cameras and video recording devices.

The five housing units are designed to hold two-hundred offenders on each unit. Each unit is divided into five dormitory style rooms. Offenders requiring special management considerations are housed in the unit that best suits their needs. Offenders at the LCC work in the kitchen, laundry, perform janitor duties throughout the entire facility, and perform other duties in support of institution operations. Other offender programs/activities include several vocational training opportunities, horticulture, and adult secondary education and college correspondence courses. The LCC offers religious programs involving numerous faith groups, personal development programming, mental health counseling services, and has a program to help prepare offenders for release.

The health care unit serves the offender population by addressing all medical, dental and mental health needs, with licensed professionals. Offenders with on-going health problems are assigned to chronic clinics, which assures proper monitoring and treatment of their medical needs. Programming and services offered by facility mental health professionals includes individual and group counseling. Medical care is provided twenty-four hours a day, seven days per week. Outside medical and emergency care is available at St. John's Hospital of Springfield Illinois, which is approximately 30 miles from the facility.

Offenders are provided work assignments that include Food Service, Mechanical Services, Health Services, Education/Recreation, Laundry and unit orderlies. Offenders are offered opportunities to participate in educational programs such as ABE (Adult Basic education), Pre-GED and GED (General Education Development). Offenders are provided the opportunity to participate in the practice of their faith, access to leisure and law libraries, and a wide variety of recreational programs.

The auditor concluded, through interviews and the examination of policy and documentation, that all staff were knowledgeable concerning their responsibilities involving the PREA. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an allegation of sexual abuse or sexual harassment were made. During the interviews, offenders stated that staff were respectful and that they felt safe at the facility. Staff were observed to be interacting with offenders in a positive and helpful manner.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with executive/administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA. The auditor had been provided with extensive and lengthy files prior to and during the audit for review to support a conclusion of compliance to the PREA. All staff interviews also supported compliance. The facility staff were found to be courteous, cooperative and professional. Staff morale appeared to be good, and the staff/offender relationships were observed to be appropriate. All interviewed offenders stated that they felt safe at the facility. All areas of the prison were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the LCC staff for their hard work and dedication to the PREA compliance process.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Illinois Department of Corrections (IDOC) Administrative Directive (AD) 04.03.301, Sexual Abuse and Harassment Prevention and Intervention Program; Lincoln Correctional Center (LCC) Institution Directive (ID) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and the agency and facility organizational charts address the requirements of the standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated agency PREA Coordinator to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Warden. Zero Tolerance posters were observed throughout the facility. Both institution staff and offenders are provided with a variety of opportunities to become aware of the PREA. Staff receive initial in-service training and annual training, thereafter. Both the agency PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA Coordinator has also ensured compliance to this standard, with full support from the Director. Interviews with other staff and offenders confirm compliance to this standard. The agency and facility has a zero tolerance for all forms of sexual abuse and sexual harassment.

Standard 115.12 Contracting with other entities for the confinement of offenders

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

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

The agency meets the mandates of this standard. A review of the documentation and an interview with the Assistant PREA Coordinator confirmed the IDOC requires other entities (the Safer Foundation) contracted with for the confinement of offenders to adopt and comply with the PREA standards. The state contractual agreements have been modified to incorporate the language requiring the contractor to adopt and comply with PREA standards. The auditor reviewed the State of Illinois Standard Contract for Confinement of Offenders, Section 1.3.1.9, page 11, which mandates that the Vendor comply with the PREA of 2003 and the National Standards to prevent, detect and respond to prison rape as contained in 28 CFR, part 115.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Institution Directives (ID) 01.02.102, Duty Administrative Officers and 01.02.103, Inspection Tours by Administrative Staff, IDOC memos and corresponding local policy/procedures address the requirements of the standard. The auditor was presented documentation that the Warden completes the required annual review of the posts and staffing plan. Additional reviews are scheduled when necessary. The staffing plan is based on a presumed population of 1100 offenders. A review of the facility staffing plan and interviews with the Warden and Human Resources Manager confirmed that the facility takes into consideration the items listed in the standard when developing the staffing plan. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies. The facility does not keep positions unfilled for salary savings and all mandatory posts are filled each shift. The facility has been provided all necessary resources to support the programs and procedures to ensure compliance with this standard. Overtime pay is used regularly to ensure full staffing on all shifts, and there has been no deviation from the staffing plan. An analysis of the staffing deployment indicates an effective and comprehensive level of offender supervision by staff, meeting the requirements of this standard. The level of staffing in offender housing/activity areas is clearly sufficient for that normally found in a correctional environment. The review of housing unit logs and inspection logs confirmed that officers are making the required rounds as well as intermediate-level and higher-level supervisors are conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Staff are prohibited from alerting other employees regarding unannounced rounds. In addition, a logbook documenting unannounced rounds (visits to various areas of the facility) by mid-level management staff that covers all shifts was reviewed. Observation of officers making rounds as well as a review of documentation indicated compliance. Offender/staff interviews, the staffing plan and physical layout of the facility supports compliance to this standard.

Standard 115.14 Youthful offenders

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

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

Not Applicable. The LCC does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

IDOC AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation – Adult Process; LCC ID 04.03.104, Evaluations of Offenders with Gender Identification Disorders; Warden’s Bulletin, Knock and Announce Policy; Director’s Memo titled Limits to Cross-Gender Viewing; and Title 20-Illinois Administrative Code address the requirements of the standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergencies or when performed and documented by a medical practitioner. Staff have received cross-gender pat search training as indicated by a review of training documents. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained to conduct strip searches of transgender and intersex offenders in a respectful and professional manner, and may not conduct a search to determine their genital status. The auditor observed each unit has shower stalls with curtains for privacy purposes. Offenders and staff stated offenders are allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Direct observations of the shower and toilet facilities confirmed these statements. Female staff are required to announce their presence when entering the male housing unit(s) or activity areas by stating “female on unit” or an equivalent phrase. This action was described during interviews with staff and offenders, and observed by the auditor. The facility is compliant with this standard.

Standard 115.16 Offenders with disabilities and offenders who are limited English proficient

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

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

AD 04.01.111, ADA Accommodations; AD 04.01.105, Facility Orientation; AD 03.01.305 Americans with Disabilities Act; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101, Reception and Orientation; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; the PREA Offender Orientation Insert; American Sign Language Video Remote Interpretation Procedure; DR 475 ADA Grievance Procedure, local memos and the Offender Handbook address the mandates of this standard. The LCC takes appropriate steps to ensure offenders with disabilities and offenders with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and offender handbooks are in English and Spanish. The above-mentioned documents were submitted to and reviewed by the auditor. Telephonic translation services are available through a language service. Staff interviewed were well aware of the policy that under no circumstance are offender interpreters or assistants to be used when dealing with PREA issues. Staff and offender interviews in addition to a review of documentation, supports compliance to this standard.

Standard 115.17 Hiring and promotion decisions

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

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

AD 03.02.100, Administrative Review of Personnel Issues and AD 01.02.107, Background Investigation address the requirements of the standard. All employees, contractors and volunteers who have regular contact with offenders have criminal background checks completed

by the IDOC's Background Investigations Unit prior to having contact with offenders. The facility continuously monitors the background of employees through the computer criminal history check using the Law Enforcement Agencies Data System (LEADS). A tracking system is in place to ensure that the IDOC is informed of any employee arrests. Interviews with the Human Resources Manager and a review of policies and documentation indicated that the agency will not hire or promote a staff member, or enlist the services of any contractor or volunteer who may have contact with offenders, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity. The facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

All applicants are asked about prior misconduct and are required to certify and confirm by signing a Prison Rape Elimination Act Pre-Employment Self-Report (DOC Form 0450). Employees have a duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The agency provides 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. Employees cannot be hired if they are involved with sexual abuse. All employees, contractors and volunteers have had criminal background checks completed. Staff cannot be promoted if they have a history of any abuse. A review of documentation (PREA Screening Form) supports compliance to this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

The LCC has submitted a request for additional monitoring equipment (cameras). Compliance with PREA standards was considered in making this request.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; AD 01.12.112, Preservation of Physical Evidence; AD 01.12.120, Investigations of Unusual Incidents and LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. The agency follows a uniform evidence protocol as 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". Facility policy requires sexual assault victims to be "referred to health services for examination, treatment and evidence collection". Correctional and Health Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to

secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Investigative Supervisor (IS) conducted investigations relative to sexual abuse allegations. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. The review of training records confirmed that facility investigators have received training on the investigation of sexual abuse and harassment in confinement settings. The established facility protocol mandates that all forensic medical examinations be conducted by a SANE/SAFE (Sexual Abuse Nurse Examiner/Sexual Abuse Forensic Examiner) nurse at St. John's Hospital in Springfield, IL. Interviews with St. John's Hospital staff indicated their awareness of the provisions of the PREA standards. Policy prohibits offenders from being charged for examinations. There were no SANE/SAFE exams conducted during the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Title 20 Illinois Administrative Code - Part 112, Internal Investigations; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 01.12.101, Employee Criminal Conduct; DR 112 and the Illinois State Police / Illinois Department of Corrections Memorandum of Understanding meet the mandates of this standard. When required (criminal violation), the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. The Memorandum of Understanding clearly clarifies the responsibilities of both entities; the IDOC will investigate offender-on-staff and offender-on-offender sexual assaults (unless criminal) and the ISP will conduct investigations involving staff-on-staff and staff-on-offender sexual assaults (considered criminal). When there is substantial evidence that a criminal act has taken place, the case is referred to the State's Attorney for possible prosecution. There have been no referrals in the past 12 months to the State's Attorney. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment, and facility investigators and the ISP are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and staff interviews confirmed compliance to this standard.

Standard 115.31 Employee training

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.03.102, Employee Training; LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, PREA Cadet Training and PREA Cycle Training PowerPoint Presentations address the requirements of the standard. The review of lesson plans, training logs and PREA PowerPoint presentations confirmed that the provided training addressed all listed elements of the standard. The review of sign-in sheets for custody and non-custody personnel confirmed attendance for PREA training. All employee interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and harassment and their responsibilities. PREA training is part of new

employee orientation and included each year as part of annual refresher (cycle) training.

Standard 115.32 Volunteer and contractor training

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC Volunteer/ Contractor Training (A Guide for the Prevention and Reporting of Sexual Abuse with Offenders); Volunteer Service Orientation Checklist and Wexford (medical services contractor) PREA Training meet the mandates of this standard. All contractors and volunteers have received PREA training, to include the agency's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by the auditor. Interviews were conducted with one contract staff and one volunteer, which revealed that they received the appropriate training. A review of documentation and staff interviews confirmed compliance to this standard.

Standard 115.33 Offender education

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

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

AD 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Offender handbook; IDOC PREA Fliers and Orientation Video Bullet Points meet the mandates of this standard. Offenders receive information during the intake process that includes a PREA handout and Offender Handbook, printed in both English and Spanish. There are PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone number, which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. The IDOC mailing address is also posted in each housing unit for offenders to write to, concerning any sexual abuse or sexual harassment allegation. There is a language line available for limited English proficient offenders. The auditor reviewed a random sampling of admission and orientation checklists to verify those offenders admitted during the auditing period received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All offenders were required to acknowledge in writing they completed PREA education. A review of documentation and staff/offender interviews confirmed compliance to this standard.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

AD 01.12.115, Institutional Investigative Assignments and Pathlore Printout Investigator Training meet the mandates of this standard. Administrative investigations are conducted by trained investigators who are full time employees at the facility. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. Facility investigators have received PREA specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting. An examination of the training records and staff interviews confirm completion of the required instruction, and compliance to this standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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AD 03.03.102 Employee Training; AD 04.04.100, General Provisions; AD 04.04.102, Suicide Prevention and Intervention Emergency Services and AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program address this standard. The facility has full-time medical and mental health care staff on site. A review of training records confirmed that health care staff (contract and Illinois State Employees) receive PREA training and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. All medical and mental health care practitioners have been trained 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. Forensic medical examinations are conducted by SANE staff at a local hospital. A review of documentation and staff interviews as well as an interview with the SANE/SAFE staff at the local hospital confirmed compliance to this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101, Reception and Orientation; LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; DOC 0372 Mental Health Screening form and DOC 0379 Evaluation of Suicide Potential form address the requirements of the standard. All offenders are assessed during intake screening and upon transfer from another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. The screening is conducted by a mental health professional. The screening routinely occurs within 24 hours of the offender's arrival but not more than 72 hours after the offender's arrival at the facility. As confirmed by observation of the screening tool, the assessments are conducted using an objective screening instrument that includes the elements required of this standard.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. The review of available screening documentation determined that reassessment of the offender's risk of victimization or abusiveness is being conducted with 30 days the offender's arrival at the facility. In addition, an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Offenders are not disciplined for refusing to answer or for not disclosing complete information during the screening. Controls are in place to ensure that information received during the screening is only available to staff with a need to know and never to other offenders.

Standard 115.42 Use of screening information

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and DR 420 meet the mandates of this standard. LCC policy requires the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping offenders at high risk of being sexually abused/sexually harassed separate from those offenders who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and offenders are not placed in housing units based solely on their sexual identification or status. Interviews with intake unit staff also support the finding that the facility complies with this standard. When determining whether to assign a Transgender or Intersex offender to a facility for male offenders, and in making other housing and programming assignments, the facility considers whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. All reviews are done on a case-by-case basis. Placement and programming assignments for each Transgender or Intersex offender are reassessed at least twice each year. Transgender and Intersex offender's own views with respect to his/her own safety are given serious consideration. By policy, Transgender and Intersex offenders are given the opportunity to shower separately from other offenders. Staff and offender interviews confirmed compliance to this standard.

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Title 20 Illinois Administrative Code, Protective Custody; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the requirements of the standard. Offenders at high risk for sexual victimization are not placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and there is no available means of separating the offender from the abuser. Access to programs, privileges, education and work opportunities are not limited to offenders placed in a special housing unit for the purposes of protective custody. Should any restrictions apply, the facility documents the privileges that were limited, the rationale for the limitation and the duration of the limitations. Policy requires that offenders will be reassessed at least once every 30 days, after being placed in the segregation unit. There were no offenders at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Additionally, there were no offenders at risk of sexual victimization assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. There were no offenders in protective custody status during the time of the audit. Staff interviews and an examination of policy confirmed compliance to this standard.

Standard 115.51 Offender reporting

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B); PREA Poster: How to Report; Offender Handbook (English and Spanish); MOU between IDOC/John Howard Association; Offender Request Form; Mental Health Referral and the PREA Report Line meet the mandates of this standard. A review of documentation and staff and offender interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for offenders to report sexual abuse/sexual harassment. The John Howard Association is a private entity (would be a third-party reporter) that addresses PREA issues and is not associated or otherwise connected to the IDOC. A local rape crisis center is also available to contact. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. All offenders interviewed indicated they had been advised of the multiple ways to report sexual abuse and sexual harassment and in addition to having PREA posters visible throughout the facility, they had been given a variety of reading materials that contained PREA information. Offenders at the LCC are not detained solely for civil immigration purposes. Staff and offender interviews and an examination of policy confirmed compliance to this standard.

Standard 115.52 Exhaustion of administrative remedies

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

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

corrective actions taken by the facility.

Title 20 Illinois Administrative Code, AD 04.01.114, Local Offender Grievance Procedure and IDOC 0046, Offender Grievance Form (English and Spanish) governs the mandates of this standard. Offenders may file a grievance alleging sexual abuse or sexual harassment at any time, regardless of when the incident is alleged to have occurred. Policies address procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of offenders. Interviews with offenders indicated a clear understanding of the grievance process. There were no grievances filed involving PREA related issues during the past 12 months.

Standard 115.53 Offender access to outside confidential support services

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B); MOU Between IDOC/John Howard Association; the PREA Report Line and the Offender Handbook (English and Spanish) meet the mandates of this standard. Offenders are not housed in this facility solely for civil immigration purposes. The John Howard Association acts as an anonymous reporting conduit between offenders and the IDOC. If contacted, the local rape crisis center would also advise the LCC of a PREA violation (confirmed through an interview with the Victim Advocate) and provide services. Offenders may also contact IDOC staff through the PREA Report Line. The facility enables reasonable communication between offenders and these organizations in as confidential a manner as possible. However, offenders are informed as part of their orientation process that all telephone calls are subject to monitoring and recording. Monitoring notices were observed posted in each unit. The Offender Handbook outlines the steps on how to report PREA violations and who to report to, and where to report, along with the PREA Report Line telephone number and addresses. Staff and offender interviews confirmed compliance to this standard.

Standard 115.54 Third-party reporting

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

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

The Offender Handbook and IDOC Website: <https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx> meets the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with both staff and offenders revealed they were aware of the procedures for third party reporting. Notices are also posted in the Visiting Room (observed by auditor).

Standard 115.61 Staff and agency reporting duties

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

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

AD 03.02.108, Standards of Conduct; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; Title 20 Illinois Administrative Code, Rules of Conduct and LCC ID 03.02.108, Standards of Conduct address the requirements of the standard. All staff, contractors and volunteers are required to report information or suspicion regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or retaliation. Employees are instructed to report the instances to other employees with a need-to-know. All reports, including third party reports are submitted for investigation. Interviews with employees, contractors and volunteers confirmed they were aware of their reporting duties. Interviews with medical and mental health personnel confirmed that they were aware of their duty to report evidence or reports of sexual abuse and sexual harassment.

Standard 115.62 Agency protection duties

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention meet the mandates of this standard. Staff interviewed were aware of their first responder duties and responsibilities, as it relates to them having knowledge of an offender being at imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the offender. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow offenders to destroy possible evidence and contact the shift supervisor, medical and psychology staff. There have been no instances in which an offender was subject to substantial risk of imminent sexual abuse during the past 12 months. Staff interviews confirmed compliance to this policy.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; DR 112 and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention meet the mandates of this standard. Policy requires that any allegation by an offender that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, there were no allegations that an offender was abused while confined at another facility. Staff interviews confirmed compliance to this standard.

Standard 115.64 Staff first responder duties

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and AD 01.12.112, Preservation of Evidence addresses the mandates of this standard. All staff interviewed were knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the offenders, secure the scene, would not allow offenders to destroy any evidence, contact the shift supervisor and refer the offender to medical and psychology staff. No first responder actions have been required within the last year. Policy dictates that a member of the security staff shall be promptly notified, if the first responder is other than security staff. A review of policy and staff interviews confirmed compliance to this standard.

Standard 115.65 Coordinated response

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard. Policy provides detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with staff confirmed that they were knowledgeable regarding their required duties in the coordinated response process.

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

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

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

The agency’s current collective bargaining agreement (CBA) with the American Federation of State, County and Municipal Employees was entered into on July 2012, prior to the adoption of these standards. The CBA is currently being renegotiated. The current agreement does not prohibit the agency from removing alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interviews with the Warden and the agency PREA Coordinator indicated that the collective bargaining agreement does not hamper the agency’s commitment to protect offenders through any disciplinary action of a staff member, including reprimand, suspension, demotion, discharge or to otherwise discipline employees with proper cause.

Standard 115.67 Agency protection against retaliation

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and AD 03.01.310 Sexual Harassment address the requirements of the standard. Policies prohibit any type of retaliation to any offender or staff member who has reported sexual abuse, sexual harassment or has cooperated with such investigations. The PREA Compliance Manager is the designated staff member that monitors the conduct or treatment of offenders and/or staff members who have reported sexual abuse to insure any type of retaliation does not occur. Policy requires that monitoring for any type of retaliation will be done for at least 90 days. Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. This follow-up may also extend without limit if necessary. There have been no incidents of retaliation occurring within the previous 12 months. Staff interviews and an examination of policy confirmed compliance to this standard.

Standard 115.68 Post-allegation protective custody

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

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

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Title 20 Illinois Administrative Code, DR 501d, Protective Custody; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention govern the mandates of this standard. Staff interviewed indicated that, in practice, offenders who allege to have suffered sexual abuse may not be placed in involuntary segregated housing (SHU), unless an assessment of all available alternatives has been made and there is a determination that there is no available alternative means of separation from likely abusers. Additionally, in practice, to the extent possible, access to programs, privileges, education and work opportunities are not limited to offenders placed in the SHU for the purposes of protective custody. Policy requires that the facility document the reasons for restricting access to programs and the length of time the restriction would last. In the past 12 months there were no offenders held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment and none held in involuntary segregated housing for longer than 30 days while awaiting alternative placement. Staff interviews and an examination of policy confirmed compliance to this standard.

Standard 115.71 Criminal and administrative agency investigations

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

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

Title 20 Administrative Code, DR Part 112, Internal Investigation, AD 01.12.101, Employee Criminal Misconduct and AD 01.12.120, Investigations of Unusual Incidents address the mandates of this standard. The facility promptly, thoroughly and objectively conducts its own investigations into allegations of sexual abuse and sexual harassment, including third party and anonymous reports. Facility investigators have received the necessary special training in sexual abuse investigations. Investigators gather and preserve direct and circumstantial evidence, including any available physical or DNA evidence, and any available other monitoring data. Interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The trained investigators also review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the investigators contact the ISP to complete the investigation. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as an offender or staff. The LCC does not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The agency retains all written reports for as long as the alleged abuser is incarcerated or staff employed by the agency, plus five years. If the staff member alleged to have committed sexual abuse terminates employment prior to the investigation being completed or victim/alleged abuser leaves the facility prior to the completion of the investigation, the investigation is not terminated, but pursued until a finding is obtained. When the investigation is being completed by the Illinois State Police, per the established MOU, the facility cooperates with ISP investigators and remains informed of the progress of the investigation. Staff interviews and an examination of policy confirmed compliance to this standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and LLC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. A review of training documents and interviews with the facility Internal Affairs Investigator indicated that the facility and 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. A review of training documents indicated that the investigators have received the necessary special training in sexual abuse investigations.

Standard 115.73 Reporting to offenders

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 01.12.120, Investigation of Unusual Incidents; local policy and the PREA Investigations Finding Notifications Memo address the mandates of this standard. The agency has a policy requiring that any offender who makes an allegation that he suffered sexual abuse at the LCC is informed, verbally or in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded, at the conclusion of the investigation (unless unfounded involving staff). During this auditing period, there were two administrative investigations of alleged sexual abuse that required notification in accordance with this standard (all notifications were made). The documentation of the notifications and staff/offender interviews support the finding that the facility complies with this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.01.120, Employee Review Hearing; AD 03.01.310, Sexual Harassment; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; AD 01.12.120 Investigations of Unusual Incidents; DR 120 and Standards of Conduct and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention address the mandates of this standard. Interviews with the Human Resource Manager confirmed that employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of LCC policies relating to sexual abuse or sexual harassment are 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. 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 are reported to law

enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Policy requiring reporting to relevant licensing bodies if applicable is a recent addition to written policy, however, it has been the long-standing practice of the agency. In the past 12 months, there were no staff found to have violated agency sexual abuse/ sexual harassment policy.

Standard 115.77 Corrective action for contractors and volunteers

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

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

AD 03.01.310, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and LCC ID 04.01.122, Volunteer Services address the mandates of this standard. Contractors or volunteers who engage in sexual abuse are prohibited from contact with offenders and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. Interviews with the Warden indicated that the facility would take appropriate remedial measures, and consider prohibiting further contact with offenders, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, there were no contractors/volunteers reported to have engaged in an act of sexual abuse with an offender. Staff interviews confirmed compliance to this standard.

Standard 115.78 Disciplinary sanctions for offenders

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

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

Title 20 Illinois Administrative Code–Administration of Discipline for Offenders Identified as Seriously Mentally Ill; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; LCC ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and the Offender Handbook address the mandates of this standard. Offenders found guilty of an administrative finding or criminal finding of offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process considers whether an offender’s mental disabilities or mental illness contributed to the offender’s behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. The agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between offenders and disciplines offenders for such activity. The agency does not find consensual sex between offenders to constitute sexual abuse, but

considers such behavior to be a violation of policy. Staff interviews confirm compliance to this standard.

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

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

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

Title 20 Illinois Administrative Code—Administration of Discipline for Offenders Identified as Seriously Mentally Ill; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; LCC ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; Offender Handbook and IDOC form 0372 Mental Health Screening Form address the mandates of this standard. Interviews and a review of intake screening documents supports the finding that screening for prior sexual victimization is conducted by mental health professionals during in-processing procedures. If the screening indicates the offender experienced prior sexual victimization, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days. Follow-up meetings with mental health providers routinely occur within 72 hours of the initial screening. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff on a need-to-know-basis for treatment plans, security, housing, work, program assignments and management decisions. Medical and mental health practitioners attempt to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. The facility does not house offenders under the age of 18. All information is handled confidentially. Interviews with staff support a finding that the facility complies with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; 04.04.100 General Provisions; LCC ID 04.01.301 Offender Sexual Assaults-Prevention and Intervention and corresponding local policy/directives address the mandates of this standard. Information concerning treatment and access to care is offered immediately to all offender victims, as clinically indicated. The treatment is offered at no financial cost to the offender. All emergency decisions and care provided would be fully documented. Interviews with staff, a SANE nurse from the local hospital and a Victim Advocate support a finding that the facility complies with this standard. A review of documentation also supports compliance to this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and LCC ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard. The facility offers 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. The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. The facility would arrange for referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility has fully staffed medical and mental health departments and offers sexual abuse/harassment victims medical and mental health services consistent with the community standard of care. Inmate victims of sexual abuse while incarcerated are offered testing for sexually transmitted infections as medically appropriate. Treatment services are 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. Mental health evaluations are conducted on all known inmate-on-inmate abusers within 30 days of learning of such abuse history. Treatment is offered for abusers when deemed appropriate by mental health practitioners. The facility does not house youthful or female offenders. A review of documentation and interviews with medical/mental health staff support the finding that the LCC complies with this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention addresses the requirements of the standard. The incident review team consists of the PREA Compliance Manager, the Internal Affairs Investigator and the Health Care Unit Administrator. As confirmed by a review of documentation and interviews with staff, the facility conducts 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. The incident review occurs within 30 days of the conclusion of the investigation. The review team addresses all items identified in the standard and prepares a report for the Warden and PREA Compliance Coordinator. The facility implements the recommendations for improvement, or documents its reasons for not doing so.

Standard 115.87 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA FY 2015 Annual Compliance Report; PREA Checklist and the PREA After-Action Checklist address the mandates of this standard. Observation and review of documentation support the finding that the Illinois Department of Corrections 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 data 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. Interviews with the PREA Coordinator and a review of policy indicated that upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.88 Data review for corrective action

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and LCC ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard. The Administrative Directive and Institution Directive were effective July 1, 2015, which is after the June 30 deadline for reporting. The July 1, 2015 policy requires the agency to collect and review data from all facilities in the State and to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Policy requires the report to be published on the IDOC website and includes a comparison of the current year’s data and corrective actions with those from prior years. Additionally, the report provides an assessment of the agency’s progress in addressing sexual abuse. At the time of the onsite audit, the facility had published aggregated statistical data regarding sexual abuse and sexual harassment in IDOC facilities for the prior fiscal year.

Standard 115.89 Data storage, publication, and destruction

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the IDOC website. The reports cover all data required in the elements of this standard.

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 offender or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature

May 1, 2016

Date