

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: 02/03/2016

Auditor Information			
Auditor name: Philip Bradshaw - The Nakamoto Group			
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Telephone number: 417-425-0564			
Date of facility visit: January 5-8, 2016			
Facility Information			
Facility name: Pinckneyville Correctional Center			
Facility physical address: 5835State Route 154, Pinckneyville IL 62274			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 618) 357-9722			
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: Jacqueline Lashbrook			
Number of staff assigned to the facility in the last 12 months: 446			
Designed facility capacity: 2701			
Current population of facility: 2334			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 18-75			
Name of PREA Compliance Manager: Ylana Mason		Title: PREA Compliance Manger/QMHP	
Email address: Ylana.Mason@doc.illinois.gov		Telephone number: (618) 357-9722 ext. 2242	
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	
Email address: mike.funk@doc.illinois.gov		Telephone number: 217-558-2200	

AUDIT FINDINGS

NARRATIVE

The Nakamoto Group Inc. auditor Philip Bradshaw conducted the on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Pinckneyville Correctional Center (PNK) January 5 7, 2016. Prior to the onsite audit, the facility submitted the Pre-Audit Questionnaire and provided supporting documentation for the responses in the questionnaire. An entrance meeting was held with the Warden, Illinois Department of Corrections (IDOC) PREA Coordinator and the facility PREA Compliance Manager to discuss any concerns regarding the audit process and to finalize the facility tour and interview schedule. At the conclusion of the entrance meeting, a comprehensive tour of the facility was conducted and included the facility's intake, all housing units, segregation housing unit, health care areas and recreation areas, food service areas, education and programming areas. There are only 22 cameras throughout the facility. It should be noted that the Pinckneyville Correctional Center is staffed sufficiently to ensure the safety of both offenders and staff on each shift. It was noted throughout the tour that female employees were announced when entering an area where male inmates were present. Additionally, a sign indicating that a female is on the unit was also posted in the observation bubble. Inmate interviews indicated that this practice was performed but they stated that this began occurring approximately two months prior to the audit. Informal conversations with employees and inmates regarding the PREA standards were conducted during the tour. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment was prominently displayed in all housing units, common areas and throughout the facility. Audit notice postings were also identified in the same areas.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the agency PREA Coordinator and the facility PREA Compliance Manager. As part of the audit, a review of all agency and local facility PREA policies was conducted. Twenty-two randomly selected inmates were interviewed from all housing units including segregation units. The interviews included four inmates self-identified as being gay, two inmates self-identified as being pre-operative transsexual and one limited English proficient inmate. Included in the group of inmates' interviews was one inmate that had alleged sexual abuse while held at another facility. The investigation concluded that the allegation of sexual abuse was substantiated. All inmates interviewed demonstrated a good understanding of the PREA program and the prevention and reporting mechanisms.

Twenty-one correctional officers were interviewed which included line officers, majors and lieutenants from all shifts. All officers were aware of the agency's zero tolerance policy and knew their responsibilities to protect inmates from sexual abuse/harassment and their duties as first responders as part of a coordinated response. Specialized staff interviewed included the Warden, the IDOC PREA Coordinator, the facility PREA Compliance Manager, the chief investigator, volunteers, the health care unit administrator, health care providers and mental health providers. All staff, contractors and volunteers demonstrated a good understanding and knowledge of the PREA mission and standards and their responsibilities under the program.

DESCRIPTION OF FACILITY CHARACTERISTICS

Pinckneyville Correctional Center (PNK) is part of the Illinois Department of Corrections. PNK is a medium security facility located in rural southwestern Illinois. Pinckneyville Correctional Center houses only male offenders. The facility is comprised of 19 buildings contained on 148 acres of land. The facility consists of five X-design housing units, four of which are dedicated for general population and one which houses general population on two wings and two wings for segregation status inmates. Each general population unit has a capacity of 448 inmates and the split housing unit has the capacity to hold 212 segregation status inmates and 218 general population status inmates. At the time of the inspection there were 111 inmates housed in segregation status. The average length of stay is 1 year, 6 months. The Pinckneyville Correctional Center employs 446 staff.

Pinckneyville Correctional Center is the parent facility for the DuQuoin Impact Incarceration Program, (IIP) which houses an average of 170 offenders participating in a short-term paramilitary type rehabilitation program. The DuQuoin IIP functions as a boot camp, whereby eligible offenders approved by the sentencing courts and accepted by the IDOC, will upon successful completion of the program requirements have their sentences reduced to time served. The work camp allows inmates to participate in public service projects, primarily consisting of off grounds work. The work camp provides inmate labor to various community work projects to the surrounding counties

All inmates arrive to the facility through the reception center located with the secure perimeter of the facility. During an inmate's time in the reception center, they receive medical and mental health screening and examinations, are classified and receive an orientation to the IDOC. Following evaluation and classification procedures, inmates are transferred to a housing unit within PNK. On their first day in reception, newly arriving inmates are assessed for sexual victimization risk and past sexual abusive behavior. Referrals to appropriate medical and mental health providers are made when necessary. New arrivals receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program. The current design of the prison permits inmates to shower, change clothes, use toilet facilities with an adequate degree of privacy, and avoid cross-gender viewing.

The health care unit serves the inmate 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 24 hours a day, seven days per week. Outside medical and emergency care is available at DuQuoin Memorial Hospital in DuQuoin Illinois, which is approximately ten miles from the facility.

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

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 auditor concluded, through interviews and the examination of policy and documentation, that all staff were knowledgeable concerning their responsibilities involving PREA. Staff was 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, inmates stated that staff were respectful and that they felt safe at the facility. Staff were observed to be interacting with inmates in a positive and helpful manner.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, a “out-brief” meeting was held with the same staff attending the “in-brief”. No final rating was given at that time; however, the overall audit process was discussed. The auditor had been provided extensive and lengthy files of documentation prior to the audit, in an effort to support a conclusion of compliance with the PREA. During the course of the on-site visit, staff were found to be courteous, cooperative, and professional. All areas of the facilities toured were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the Pinckneyville Correctional Center staff for their hard work and commitment to the Prison Rape Elimination Act.

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; Pinckneyville Correctional Center (PNK) 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. IDOC policy mandates that the facility PREA Compliance Manager be a Qualified Mental Health Professional. The facility PREA Compliance Manager reports to the Warden. Zero Tolerance posters were observed throughout the facility. Both institution staff and inmates are provided with a variety of opportunities to become aware of the PREA. Staff receives 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 agency and facility have a zero tolerance for all forms of sexual abuse and sexual harassment.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The agency meets the mandates of this standard. All agency contractual agreements were modified to incorporate the language requiring contractors to adopt and comply with PREA standards. The auditor reviewed the State of Illinois Standard Contract for Confinement of Inmates, 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, address the requirements of the standard. A review of the facility staffing plan and interviews with the warden and human resource 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 reviews the staffing plan at least annually. The PREA coordinator may provide input as to whether adjustments may be required to meet PREA requirements. The review of housing unit logs and inspection logs confirmed that intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Staff is prohibited from alerting other employees regarding unannounced rounds.

Standard 115.14 Youthful inmates

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

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

Illinois Department of Corrections (IDOC) Administrative Directive (AD) 04.03.301, Sexual Abuse and Harassment Prevention and Intervention Program and PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address this standard. Youthful offenders are not placed in a housing unit which they will have sight, sound or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area or sleeping quarters. Direct staff supervision is in place when a youthful offenders and adult inmates have sight, sound or physical contact in areas outside of the housing unit. The agency and facility do not place youthful offenders in isolation to comply with this standard. Absent exigent circumstances, the facility does not deny youthful offenders daily large-muscle exercise or any legally required special education services to comply with this provision. Youthful offenders have access to other programs and work opportunities to the extent possible. During the audit there was one youthful offender housed at the DuQuoin Impact Incarceration Center (IPP). The review of housing unit logs, observation of the facility and interviews with staff and the youthful offender indicated the provisions of this standard are being met.

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.

PNK 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 indicated they received cross-gender pat search training during initial and annual training. The auditor observed each unit has individual shower stalls with shower curtains for privacy purposes. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by the opposite gender. Inmates and staff reported staff of the opposite gender announces their presence before entering a housing unit and at the beginning of the shift. The speaker system is used to announce, at the beginning of each shift, the possibility of opposite gender staff entering the housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units are posted at the entrance of living areas and throughout the units. The postings are written in both English and Spanish. Staff were well aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

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

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

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

IDOC AD 04.01.111, ADA Accommodations; AD 04 01 105, Facility Orientation; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101 Reception and Orientation; PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Inmate Orientation Insert; PNK Orientation Manual; American Sign Language Video Remote Interpretation Procedure; Language Interpretation Procedure; Title 4 – Illinois Administrative Code -Americans With Disabilities Act Grievance Procedures address the requirements of this standard. Through policy and practice, the facility ensures that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All PREA related information, including postings, brochures and handouts are available in English and in Spanish. Telephonic translation services are available through an interpretive language service company. The facility also employs staff who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants in the performance of first-response duties or the investigation of the inmate’s allegations. An interview with one non-English proficient inmate confirmed the availability and use of interpretive services.

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.

Administrative Directives 01.02.107, 03.02.100 and DOC Form 0450 address this standard. The agency has policy and procedures addressing hiring and promotion decisions. All employees, contractors, and volunteers have had their criminal background check completed. The agency uses a continuous system of background checks for employees that provide a notice whenever an employee is

involved with law enforcement using National Crime Information Center (NCIC) systems in lieu of doing background checks every five years. Contractors and volunteers are subject to the same continuous monitoring program. The agency imposes upon all employees, contractors and volunteers, a continuing affirmative duty to disclose any misconduct to include sexual abuse or sexual harassment.

The agency will not hire or promote a staff member, or enlist the services of any contractor or volunteer who may have contact with inmates, who has engaged in sexual abuse in institutions or the community, or has been civilly or administratively adjudicated to have engaged in sexual abuse in institutions or the community. All incidents of sexual harassment are considered in the hiring or promoting of staff. Contact with prior institutional employers is attempted. 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). Material omissions regarding misconduct are grounds for termination. State law and agency policy allow for the information sharing with other institutions upon employment.

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.

Not applicable. The facility has not had any substantial expansion or modification of existing facilities since August 20, 2012. Additionally, there has been no installation or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology since August 20, 2012.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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; PNK 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 Special Investigative Supervisor (SIS) 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 DuQuoin Memorial Hospital in DuQuoin, IL. DuQuoin Memorial Hospital Staff are aware of the provisions of the

PREA standards and the examinations are performed without cost to the offender. 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 Misconduct; and PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the requirements of the standard. The facility conducts both administrative and criminal investigations for allegations of sexual abuse and sexual harassment. When required, referrals are made to the Illinois State Police for investigation assistance and to the States Attorney for possible prosecution. Investigations of allegations of sexual assault and sexual harassment were reviewed and none required referral to either agency. Investigators are trained in conducting sexual assault investigations in confined spaces/prisons.

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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.03.102, Employee Training; PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and 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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, IDOC, A Guide for the Prevention and Reporting of Sexual Abuse Offenders; Wexford Health Overview of 2003 PREA and Implementation and PNK Volunteer Orientation training handout address the requirements of the standard. The review of the lesson plans and training logs confirmed that volunteers and contractors who have regular contact with inmates received training regarding their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The review of sign in sheets confirmed attendance for PREA training. Contractor and volunteer 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 under the program. The level of training is appropriate for the services provided by the contractors and volunteers.

Standard 115.33 Inmate education

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

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

IDOC AD 05.07.101 Reception and Orientation – Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Warden's Bulletin, PREA Handouts; PNK Orientation Manual (Inmate) address the requirements of the standard. Inmates receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual assault upon arrival at the facility. The orientation video explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment, and retaliation. The video describes the facility's response to such allegations and methods of reporting. The video is broadcast daily via closed circuit TV, in all housing units in English and Spanish. Staff and telephonic translation services are available to inmates who are not proficient in English. Inmates also receive an Orientation Manual that includes PREA information. Inmates sign a form indicating receipt of PREA information. Inmate interviews confirmed that they received PREA information and they were aware of reporting methods, the zero-tolerance policy and their right to be free from retaliation. The tour of all housing units and common areas confirmed that PREA education posters were prominently displayed.

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.

IDOC 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. This auditor reviewed the specialized training documentation on file.

Standard 115.35 Specialized training: Medical and mental health care

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

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

IDOC AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention and IDOC AD 04.04.100 General Provisions, address this standard. The facility has full-time medical and mental health care staff on site at all times. The review of training records confirmed that health care staff receives PREA training and has 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 in 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. SANE/SAFE staff at a local hospital conducts forensic medical examinations.

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; PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; DOC0372 Mental Health Screening form and DOC0379 Evaluation of Suicide Potential form address the requirements of the standard. All inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The screening is conducted by a mental health professional. The screening routinely occurs within 24 hours of the inmate's arrival but not more than 72 hours after the inmate's arrival at the facility. As confirmed by observation of the screening tool, the assessments are conducted using an objective screening instrument that includes obtaining the following information:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;

- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and if inmates housed at this facility are or are not detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The review of available screening documentation determined that reassessment of the inmate's risk of victimization or abusiveness is being conducted with 30 days the inmate's arrival at the facility. In addition, an inmate'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 inmate's risk of sexual victimization or abusiveness. Inmates 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 inmates.

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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders; PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and Predator Vulnerable Screening form address the requirements of the standard. Risk screening information is used by classification personnel, counselors and the housing lieutenant/assignment officer, to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Determinations for these assignments are made on a case-by-case basis to ensure the safety of each inmate. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the facility considers, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year. Transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates.

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 PNK 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 inmate from the abuser. Access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit for the purposes of protective custody. Should any restrictions apply, the facility would document the privileges that were limited, the rationale for the limitation and the duration of the limitations. Policy requires that inmates will be reassessed at least once every 30 days, after being placed in the segregation unit. There were no inmates 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 inmates 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 inmates in protective custody status during the time of the audit.

Standard 115.51 Inmate reporting

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

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

IDOC AD 4.01.301, Offender Sexual Assaults-Prevention and Intervention; PNK ID 01.12.105, Reporting Unusual Incidents; Offender Request form; Offender Handbook (and inserts); PREA Report Line (217) 558-4013 and the PREA MOU with the John Howard Association address the requirements of the standard. The agency provides multiple internal ways for inmates to report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates may verbally or in writing report such incidents to staff; file a routine or emergency grievance; call the toll free PREA Report Line or write the John Howard Association or the IDOC. The John Howard Association is a private entity and is not connected with the IDOC.

Inmates at PNK are not detained solely for civil immigration purposes. Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. Staff can privately report sexual abuse and sexual harassment of inmates to the John Howard Association. Inmates are informed about the reporting methods through the handbook, postings in the housing units and common areas and as part of the orientation video. All inmates interviewed were aware of multiple methods of reporting sexual abuse and harassment concerns

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 DOC 0046, Offender Grievance Form (English and Spanish) address the requirements 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 inmate is subject to a substantial risk of imminent sexual abuse. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of inmates. There were no grievances filed involving PREA related issues during the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and the Offender Handbook (English and Spanish) address the requirements of this standard. The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers of victim advocacy or rape crisis organizations. The John Howard Association acts as an anonymous reporting conduit between inmates and the IDOC. The facility enables reasonable communication between inmates and these organizations in as confidential a manner as possible. The facility informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. No inmates housed in this facility are detained solely for civil immigration purposes.

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> meet 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.

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.

IDOC 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 PNK 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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and PNK ID 04.01.301, Sexual Abuse and Harassment 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 inmate being at imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the shift supervisor, medical and psychology staff. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse

Standard 115.63 Reporting to other confinement facilities

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

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

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention meet the mandates of this standard. Policy requires that any allegation by an inmate that he/she 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.

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.

IDOC AD 04.01.301 addresses the requirements of the standard. All staff interviewed confirmed they were aware of their first responder and reporting responsibilities.

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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention provide 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 employees confirmed that they were knowledgeable regarding their responsibilities in the coordinated response.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The 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 inmates 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 inmates through any disciplinary action of a staff member, including reprimand, suspension, demotion, discharge or 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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and IDOC AD 03.01.310 Sexual Harassment address the requirements of the standard. Policies prohibit any type of retaliation to any inmate 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 inmates 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.

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.

Title 20 Illinois Administrative Code, DR501d 1994 5, Protective Custody; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the requirements of the standard. Inmates who allege to have suffered sexual abuse may be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit for the purposes of protective custody. The facility would document the reasons for restricting access and the length of time the restriction would last.

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 pursuant to §115.34. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic 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 agency conducts compelled interviews only after consulting with the State's Attorney to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. 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 inmate or staff. The agency does not require an inmate 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. Substantiated allegations that appear to be criminal are referred for prosecution. The agency retains all written reports for as long as the alleged abuser is incarcerated or 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 completed by the Illinois State Police, per the established MOU, the facility cooperates with outside investigators and the Warden serves as the liaison between the two agencies, to remain informed about the progress of the investigation.

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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and 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 Chief 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.

Standard 115.73 Reporting to inmates

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

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Investigations Finding Notifications Memo address the mandates of this standard. The agency has a policy requiring that any inmate who alleges that he suffered sexual abuse in an agency facility be informed, verbally or in writing, whether the allegation has been determined to be substantiated or unfounded, at the conclusion of the investigation.

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.

Title 20 Illinois Administrative code – Rules of conduct; IDOC AD 03.02.108, Standards of Conduct; IDOC AD 03.01.120, Employee Review Hearing; IDOC AD 03.01.310, Sexual Harassment; AD 01.12.120 Investigations of Unusual Incidents, IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and agency brochure Custodial Sexual Misconduct-Socialization Prevention address the requirements of the standard. 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 has engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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. The policy requiring reporting to relevant licensing bodies 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 employees reported to have engaged in an act of sexual abuse with an inmate.

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.

IDOC AD 03.01.310, Sexual Harassment; IDOC AD 01.12.120, Investigations of Unusual Incidents; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and PNK ID 04.01.122, Volunteer Services address the requirements of the standard. Contractors or volunteers who engage in sexual abuse are prohibited from contact with inmates and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. The facility would take appropriate remedial measures, and consider prohibiting further contact with inmates, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The policy requiring reporting to relevant licensing bodies 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 contractors/volunteers reported to have engaged in an act of sexual abuse with an inmate.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Title 20 Illinois Administrative Code – Administration of Discipline; PNK Orientation Manual; and IDOC AD 05.12.103, Administration of Discipline for Offenders Identified as Seriously Mentally Ill address the requirements of the standard. Inmates found guilty of an administrative finding or criminal finding of inmate-on-inmate 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 inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to the inmate’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 inmate 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 an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between inmates and disciplines inmates for such activity. The agency does not find consensual sex between inmates to constitute sexual abuse.

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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC Predator/Vulnerable Screening Form and Authorization for Release of Offender Mental Health or Substance Abuse Treatment Information form address the requirements of the standard. As confirmed by observation and review of intake screening documents, screening for prior sexual victimization in any setting is conducted by mental health professionals during the intake process. If the screening indicates the inmate experienced prior sexual victimization, staff ensures that the inmate 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. Staff ensures that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. All information is handled confidentially and 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.

Pinckneyville Correctional Center has onsite medical staffing at all times. Mental health providers are on site seven days per week and are available for callback at any time. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services within the facility or are transported to a medical facility in the community when health care needs exceed the level of care available within PNK. There is no financial cost to the inmate for any sexual abuse/harassment related incident related medical or mental health care, regardless of whether the victim names the abuser or cooperates with the incident investigation. Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to information on sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There are no female offenders housed at Pinckneyville.

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.

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 with 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 60 days of learning of such abuse history. Treatment is offered when deemed appropriate by mental health practitioners. The facility does not house female offenders. A review of documentation and interviews with medical/mental health staff support the finding that this facility 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.

PNK ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention addresses the requirements of the standard. The PREA Compliance Manager, the Chief Investigator and the Health Care Unit Administrator are members of the sexual abuse incident review team. As confirmed by a review of documentation, 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 Manager. 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.

IDOC 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 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. 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.

IDOC 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. The Administrative Directive and Institution Directive were effective July 1, 2015, which is after the June 30th 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. The Administrative Directive requires the report to be published on the IDOC website and include a comparison of the current year’s data and corrective actions with those from prior years. Additionally, the report shall provide an assessment of the agency’s progress in addressing sexual abuse. At the time of the onsite audit, the facility had published aggregate 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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address 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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



February 3, 2016

Auditor Signature

Date