

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

**Date of Interim Audit Report:**       N/A

If no Interim Audit Report, select N/A

**Date of Final Audit Report:**      July 21, 2021

### Auditor Information

**Name:** Crystal Norment      **Email:** crystal.norment@gmail.com

**Company Name:** Correctional Management Group

**Mailing Address:** 604 N Highway 27 Suite #1      **City, State, Zip:** Minneola, FL 34715

**Telephone:** 901-644-4738      **Date of Facility Visit:** June 17, 2021

### Agency Information

**Name of Agency:** Illinois Department of Corrections

**Governing Authority or Parent Agency (If Applicable):** State of Illinois IDOC

**Physical Address:** 1301 Concordia Court      **City, State, Zip:** Springfield, Illinois 61794

**Mailing Address:** P.O. Box 19277      **City, State, Zip:** Springfield, Illinois 61794

**The Agency Is:**       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

**Agency Website with PREA Information:**      [Click or tap here to enter text.](#)

### Agency Chief Executive Officer

**Name:** Rob Jeffreys

**Email:** rob.jeffreys@illinois.gov      **Telephone:** 217-588-2200

### Agency-Wide PREA Coordinator

**Name:** Ryan Nottingham

**Email:** ryan.nottingham@illinois.gov      **Telephone:** 217-588-2200

**PREA Coordinator Reports to:**      **Number of Compliance Managers who report to the PREA Coordinator:**  
Chief of Compliance      31

## Facility Information

**Name of Facility:** North Lawndale Adult Transition Center

**Physical Address:** 2839 West Fillmore

**City, State, Zip:** Chicago, IL 60612

**Mailing Address (if different from above):**  
Click or tap here to enter text.

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

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** Click or tap here to enter text.

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

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

### Facility Director

**Name:** Bobby Moore

**Email:** bobby.moore@saferfoundation.org

**Telephone:** 773-638-8480

### Facility PREA Compliance Manager

**Name:** Gary Puckett

**Email:** gary.puckett@saferfoundation.org

**Telephone:** 773-638-8480

### Facility Health Service Administrator N/A

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

### Facility Characteristics

**Designated Facility Capacity:**

200

**Current Population of Facility:**

71

Average daily population for the past 12 months:	168	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20-66	
Average length of stay or time under supervision	6 to 12 months	
Facility security levels/resident custody levels	Level 8	
Number of residents admitted to facility during the past 12 months	144	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	141	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	138	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	53	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	21	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	9/0 due to COVID-19	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
<b>Number of resident housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2
<b>Number of single resident cells, rooms, or other enclosures:</b>	0
<b>Number of multiple occupancy cells, rooms, or other enclosures:</b>	32
<b>Number of open bay/dorm housing units:</b>	0
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	0
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	1
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) Audit for the North Lawndale Adult Transition Center located at 2839 West Fillmore, Chicago, IL 60612 was coordinated through a solicitation of PREA auditing services through Correctional Management and Communications Groups (CMCG) and the Illinois Department of Corrections. DOJ Certified PREA Auditors, Debra Dawson and Crystal Norment (Lead Auditor), representatives with Correctional Management and Communications Group, was notified by email of assignment to conduct the PREA recertification audit. The PREA recertification audit was conducted on June 17, 2021.

The audit process began prior to the on-site visit. Specifically, the audit process began with communication contact between CMCG, the assigned PREA auditor, and the Agency PREA Coordinator, Ryan Nottingham. Mr. Nottingham provided PREA information via a secure email link to the auditor. The link was available to the auditor for 10 downloads. The file contained the PAQ and supporting documentation for each of the 39 standards.

Following the protocols, including posting of notice (posting was initiated through CMCG), the auditor begin reviewing the material forwarded in the prior weeks. The auditor received confirmation of the audit notice postings on May 4, 2021, via photograph copies of the notices posted throughout the facility. The audit review period was determined as April 1, 2020 – March 31, 2021.

The auditor utilized resources within the PREA Auditor Portal for completion and return to the auditor by the North Lawndale ATC PCM on March 18, 2021. The submitted forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms, and PREA Audit Specialized Staff Identification Forms. These forms allowed the auditor to select investigative files, staff personnel files, identify specialized staff and identify inmates within the various targeted categories for interviews during the on-site visit, and during the post audit while writing the report.

The auditor reviewed the Agency Website, The Annual PREA Reports and prior PREA audit reports for the facility. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other documents in advance to identify additional information that might be required and could be collected prior and during the audit visit. Information from the files was used during pre-audit prior to the site visit, during the site visit, and during the post audit while writing the report. Data received required confirmation of documentation that each part of the 39 standards was in place by policy and practice.

On Thursday, June 17, 2021, at 8: 00 a.m., the PREA audit team arrived for the initial PREA on-site visit at North Lawndale ATC. An initial meeting took place in the Conference Room. The meeting consisted of facility personnel assigned to assist the audit team during the audit process and tour of the facility. Those in attendance were: DOJ Certified PREA Auditor Debra Dawson, DOJ Certified PREA Auditor Crystal Norment (Lead Auditor), Director Bobby Moore, LaTisha Jordan, PREA Compliance Manager (Backup) and Agency PREA Coordinator, Ryan Nottingham. The auditor explained the audit process, schedule and informed staff that the purpose of the on-site visit was to observe and assess all areas of the facility in order to verify compliance with the PREA Standards.

The NORTH LAWNDALE ATC has an authorized staff compliment of 59 to include security and non-security staff. The staff complement at the time of the audit was 51 filled positions with 33 security staff. There is currently a vacancy of 11 security staff. The security staff works three shifts consisting of 7:00 a.m. until 3:00 a.m.; 3:00 p.m. until 11:00 p.m.; and 11:00 p.m., until 7:00 a.m. North Lawndale ATC utilizes a contract with Eurest Dining to deliver meals to the facility from the Crossroads ATC.

The NORTH LAWNDALE ATC staff sustain the mission of the facility by providing various program services. They do not have medical staff on site as this is a community confinement center. They have a total of 59 authorized staff with 51 positions filled. All staff are contracted through the Safer Foundation. They have a substance abuse treatment staff, GED staff, case managers and management and administrative staff and CRC-1 Correctional Counselors (Officers) and CRC-2 Shift Supervisors. The operations of the center were reduced in March of 2020 when the facility was placed in a Medical Quarantine Status due to COVID-19. Programs and visits were suspended. They initiated Tele-Health services and video conferencing. They continue to maintain COVID-19 precautions and quarantine all new arrivals for 14 days in a designated housing unit. They continued volunteer services through the use of ZOOM meetings for religious instruction and Bible study.

The auditor conducted interviews with security, non-security, and specialized staff. The auditor conducted 10 random sample staff interviews and 6 specialized staff interviews. Several of the specialized staff interviews were with the same person as they have multiple responsibilities in relation to PREA. The auditor completed a total of 16 staff interviews from staff covering all shifts. The auditor selected and carefully examined 25 random sampling of personnel files and staff training files. No staff is hired or allowed entrance in the facility until a thorough background check is completed by the IDOC Background Investigation Unit. The training records included written documentation that staff and volunteers received the required PREA training. The auditors also viewed signatures of staff on training forms documenting that the staff understood the PREA training received. Staff interviewed included random and targeted staff that included: Security Staff – CRC-1 and CRC-2; program staff; administrative staff ;intermediate/higher-level staff (unannounced rounds staff; incident review team member; staff who perform inmate screening; Agency Contract Administrator; Agency Head/Designee; Agency PREA Coordinator; staff who perform screening for risk of victimization; staff who perform first responder duties; staff who monitor retaliation; and outside support advocacy group and the SANE Nurse Coordinator for John Stroger Hospital . North Lawndale ATC is a contract facility for the IDOC. The auditor did not interview volunteers during the site visit as volunteer programs are suspended in person and only done on ZOOM due to COVID-19.

The auditor also selected and examined 31 sampling of resident files and observed documentation that the residents received PREA education, as well as documentation of risk screenings. Sampling for

interviews with Residents from each housing unit was selected by the selection of bed assignments throughout every housing unit. 15 random Residents and the selection of 3 targeted Residents for interviews. The following targeted groups of Residents were interviewed: 1 with a Physical Disability; 1 who Identified as Hearing Impaired; and 1 Limited English. There were no Residents at NORTH LAWNDALÉ ATC who were identified as the following: Residents with a Cognitive Disability; Residents in Segregated Housing for High Risk of Sexual Victimization; Transgender; Gay; Bi-Sexual; Residents who reported prior victimization during risk screening or Vision Impaired. Therefore, a total of 18 Residents were formally interviewed. All Residents interviewed acknowledged receiving PREA training and shared their knowledge of PREA and how to report allegations of sexual abuse and/or sexual harassment.

There were no allegations of sexual abuse and/or sexual harassment reported at NORTH LAWNDALÉ ATC during the past 12 months for investigation.



## Facility Characteristics

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

The Safer Foundation's North Lawndale Adult Transition Center is a 40k square foot community corrections facility, located at 2839 W. Fillmore on the west side of Chicago, IL. It is a single building with 24 dormitory style multiple occupancy housing rooms for general population Residents. There are two living units which consist of the South and West Wing. Each living unit has 2 8-man rooms and 1 10-man room on each wing. The facility is accessible by public transportation. The North Lawndale location is convenient for residents to utilize the area's restaurants, shopping, employment and recreation.

An offender's average length of stay is 6 months. The age range is 20-87. The facility has not had any major or significant expansions, or modifications since initial construction. They have 58 cameras strategically placed throughout the facility. North Lawndale ATC does not house Youthful Offenders or Female Offenders.

The mission of the Safer Foundation's North Lawndale ATC is to reduce recidivism by supporting, through a full spectrum of services, the efforts of people with criminal records to become employed, law-abiding members of the community upon release. All residents are assigned a Case Manager when they arrive at North Lawndale ATC. The Case Manager ensures that all of the program needs are met while they are at the center. This includes job readiness training, obtaining an ID and Social Security Card; assisting with saving money, obtaining a GED; Drug Counseling, Anger Management; and assisting with release plans. Residents are allowed access the facility library as well as local law libraries at Douglas Park Library at 3353 West 13<sup>th</sup> Street, Chicago, IL or the Harold Washington Library at 400 South State Street, Chicago, IL. All residents are encouraged to practice their own religion and religious services are offered at the facility through Religious Volunteers.

The facility has two housing units. These housing units are designed with a South Wing and West Wing which can hold 100 beds. Each is multiple occupancy cell housing units. They have a dayroom with tables and seating, a writing desk area, a laundry room, and a shower area with 4 individual shower stalls. Residents are able to use these areas without being seen from the dayroom. Telephones are mounted on the wall and the PREA Hotline number is stenciled on the wall and there is signage on the walls. There is a weight room available to all residents on the South 1 Wing.

There are no medical facilities at North Lawndale ATC. If a medical emergency or PREA emergency arises, the resident would be transported to John Stroger Hospital via an ambulance with Center Staff. During COVID-19 visiting was restricted or reduced and stringent policies were put in place for masking and vaccinations for the residents. Visitors had to show proof of vaccination prior to entering the facility. There were visiting times for unvaccinated visitors and children under the age of 12. These procedures helped to reduce the number of COVID-19 cases at the facility. It should be noted that the facility staff worked very hard to ensure all staff and residents were protected and that to the extent possible, regular routines were maintained.

During the on- site review the Auditor concluded through observation, interviews and review of documentation that staff were knowledgeable regarding their responsibilities as a first responder and mandatory duty to receive and report any PREA allegations. The auditor observed the PREA posters throughout the facility and the notices of the audit were posted. The auditor observed grievance boxes and request forms were available. The auditor observed the location and design of the shower/toilet areas to ascertain if any privacy issues resulted. Additionally, there were observations of possible blind spots, camera deployment, use of mirrors to mitigate blind spots; staffing levels; supervision of Residents; and accessibility to telephones and programs. The auditor observed the postings about female staff working in the housing units and the residents interviewed acknowledge that an announcement is made when female staff enter the housing unit. During the interviews, residents stated that the facility felt safe and they were comfortable with advising staff if they had any issues.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** [Click or tap here to enter text.](#)

### Standards Met

**Number of Standards Met:** 39 115.211; 115.212; 115.213; 115.215;115.216; 115.217; 115.218; 115.221; 115.222; 115.231;115.232; 115.233; 115.234;115.235; 115.241; 115.242; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.288; 115.289

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** [Click or tap here to enter text.](#)

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of IDOC Policy Administrative Directive (A.D.) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC memorandum, and the facility organizational chart it was confirmed by the auditor that North Lawndale ATC and the agency has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero

tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to the conduct of such. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of Residents with sanctions for those found to have participated in these prohibited behaviors. Therefore it is determined that North Lawndale ATC meets the mandates of this standard.

The IDOC Policy AD 04.01.30, Sexual Abuse and Harassment Prevention and Intervention Program identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of Residents. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial in-service and annually during cycle training. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditors strategically located and accessible throughout the facility for staff and resident awareness.

The Agency PREA Coordinator is a position assigned by the IDOC Director to coordinate the Department's statewide compliance with PREA. In this position, he has the authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all IDOC facilities. During an interview with the Agency-Wide PREA Coordinator, he confirmed he has sufficient time to fulfill his obligations in the development, implementation and maintaining oversight of the agency's compliance with PREA standards in all IDOC facilities.

The North Lawndale ATC is one of two contract facilities managed by IDOC. During an interview with the Agency PREA Coordinator, he explained he is assigned to monitor all 31 IDOC facilities. He continued in stating, correspondence with these facilities and the PREA Compliance Managers occurs via SharePoint site, email, phone and site visits and all IDOC facilities are aware of an open line of communication. He further confirmed that if an issue arises in regards to compliance with a PREA standard he would take measures to contact the specific division in concern and initiate a corrective action. This could include the review of policy, procedures or any rule that encompasses concern. Agency legal, policy unit, training unit and administration are included with review. The agency utilizes the PREA Resource Center and networks with other state PREA coordinators and DOJ contacts if necessary.

In accordance with IDOC A.D. 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager and an alternate PREA Compliance Manager who are trained in sexual abuse crisis issues and have the knowledge, skills and abilities for program implementation and evaluation. Therefore, a PREA Compliance Manager and a Backup PREA Compliance Manager is assigned at each IDOC facility. A review of the North Lawndale ATC organizational chart revealed the assigned PREA Compliance Manager is the Program Manager and the Training Coordinator is assigned as the Backup PREA Compliance Manager. During an interview with the PREA Compliance Manager, he confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Managers have direct access to the Center Supervisor to report any and all PREA issues. The Back-Up PREA Compliance Manager is very active and was very supportive during this audit process.

## Standard 115.212: Contracting with other entities for the confinement of residents

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

#### 115.212 (a)

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

#### 115.212 (b)

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

#### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of State of Illinois Standard Contract for Confinement of Offenders, Section 1.3.1.0, page 11, contract facilities with IDOC are required to abide by all state and federal laws, specifically PREA as outlined in their contract. They are subject to IDOC policies and fall within the scope of the agency's investigations unit. All contracted facilities were in compliance with PREA and were audited by this auditor during this audit cycle. Therefore it is determined that North Lawndale ATC meets the mandates of this standard.

During an interview with the IDOC Director, he confirmed the agency has not entered into any contracts for the confinement of offenders during the past 12 months. The two facilities within the IDOC that have a contract for such are Crossroads (January 28, 2016) and North Lawndale (April 17, 2016). These two facilities are Adult Transitional Centers.

## **Standard 115.213: Supervision and monitoring**

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

### **115.213 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes  No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### **115.213 (b)**

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

### **115.213 (c)**



- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of the NORTH LAWNSDALE ATC Staffing Plan; AD 04.01, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assault-Prevention and Intervention; AD 01.02.103, Inspection Tours; AD 01.02.103 Duty Administrative Officers; the facility's organizational chart; Daily Rosters; Log Book Entries and interviews it was determined by the auditor that NORTH LAWNSDALE ATC meets the mandates of this standard.

The agency has policies and procedures to confirm NORTH LAWNSDALE ATC has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, NORTH LAWNSDALE ATC has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders

may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors.

During an interview with the Center Director, he confirmed the facility has a staffing plan that provide adequate staffing levels to protect residents against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. During the on-site tour, the auditor noted that there were sufficient camera coverage in the housing units and program areas.

During an interview with the PREA Coordinator, he confirmed staffing assessments are reviewed on an agency level every two weeks. The review is in collaboration with the Chief of Staff, operation division and Chief Financial Officer. This information is strategically evaluated to ensure proper staffing levels are managed.

In accordance to IDOC AD 05.01.101, procedures are outlined for circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Specifically, the Center Supervisor shall approve all changes subsequently made to the master roster. If changes are made, entries shall be made on the back of the master roster noting the date, name of the staff and reason for every personnel change. A review of the Daily Rosters revealed assignment posts are identified as Mandatory and Non-mandatory. All Mandatory posts are required to be filled each shift. This daily roster is reviewed by the Chief of Security daily for compliance with this element. There was no deviation from the Staffing Plan implemented during the past 12 months. During interviews with the Center Supervisor and Chief of Security, they each confirmed overtime is authorized for the fulfillment of all vacant Mandatory post during each shift.

In accordance to IDOC AD 01.02.103 Inspections Tours by Administrative Staff and review of logs, it was determined by the auditor that NORTH LAWNSDALE ATC has policies and practices in place to maintain compliance of PREA Standard 115.13 Supervision and monitoring. Intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. During interviews with supervisory staff, they confirmed the unannounced rounds are not completed in a pattern and are not consistently completed throughout the shift. A review of the unit/program log books revealed supervisory staff annotate the logs as conducting rounds during each of the three shifts during a variation of times. These unannounced rounds were observed being documented by supervisors of both intermediate-level and higher-level supervisors in all housing units.

## **Standard 115.215: Limits to cross-gender viewing and searches**

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

#### **115.215 (a)**



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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

#### 115.215 (c)

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

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

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

## 115.215 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with IDOC AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation – Adult Process; ID 04.03.104 Evaluations of Offenders with Gender Identification Disorder; DR 501, Searches for and Disposition of Contraband Acting Director's Memo, Limits to Cross-Gender Viewing and Title 20-Illinois Administrative Code, Chapter 1, 501, Subchapter, Searches for Contraband, interviews with random staff, and a tour of the facility, it was determined by the auditor that NORTH LAWNSDALE ATC meets the mandate of this standard.

The NORTH LAWNSDALE ATC is a male facility and does not house female offenders. The facility is prohibited from conducting cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

In accordance with a review of the Warden Bulletin 16-06 Prison Rape Elimination Act (PREA) Standard an update of this standard was forwarded to all staff and discussed during Roll Call. The notification which addressed the “Knock and Announce” procedures, cross-gender pat down searches, searches of transgender and intersex offenders, and proper guidance of conducting visual body cavity searches. Policy requires staff of the opposite gender to announce their presence when entering residents’ living unit or dorm. The female staff was observed making these announcements.

During interviews with staff, each confirmed they were aware of the agency’s policy prohibiting them from physically examining a transgender or intersex inmate for the sole purpose of determining the

inmate's status. During a tour of the housing units, there were four (4) individual shower stalls in a single shower area. There are two housing units with a South 1 and South 2 and West 1 and West 2 wings and a shower area in each unit. Transgender offenders are awarded the opportunity of privacy when taking showers due to the shower doors.

During Staff interviews they confirmed that cross-gender pat down searches or searches of transgender and intersex residents must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff are prohibited from conducting "dual gender" pat searches, where the staff of one gender searches the top half of the inmate and the staff of the other gender searches the bottom half of the inmate.

All searches conducted under exigent circumstances are to be documented on a 434 Incident Report. There were no cross-gender strip searches and/or cross-gender visual body cavity searches conducted at NORTH LAWNDALE ATC.

## **Standard 115.216: Residents with disabilities and residents who are limited English proficient**

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

#### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No

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

#### 115.216 (b)

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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of IDOC policies and procedures AD 04.01.111, ADA Accommodations; AD 04.01.105, Facility Orientation; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Orientation Manual; AD 05.07.101, Reception and Orientation; DR 475 ADA Grievance Procedure and the Resident Handbook; observation of PREA posters and Hotline Number Posting, it was confirmed by the auditor that NORTH LAWNSDALE ATC meets the mandate of this standard.

Specifically, it was determined the agency and NORTH LAWNSDALE ATC take appropriate steps to ensure residents with disabilities (including residents who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, a telephonic translation service is available through PROPIO Language Services. North Lawnsdale ATC has several Spanish Speaking Staff that serve as an interpreter when needed. The auditor conducted an interview with one resident who was deaf in one ear, he was in the orientation quarantine unit and had not been assessed as hearing impaired. The Center Supervisor was made aware and stated he would assure he was assessed. There were no residents that met the criteria for sight impaired, disabled, and one resident met criteria for LEP (The auditor interviewed him with the help of a staff interpreter). He was aware of how to report allegations of sexual abuse and/or sexual harassment if needed. Additionally, during an interview with the Center Director, he confirmed AD 04.01.111 ADA Accommodations and PROPIO Language Service Contract are provided to the residents. All orientation and educational materials are available in Spanish and English. The auditor reviewed 39 random selection documentation that confirmed residents' receipt of PREA training material with their signatures.

During interviews with the selection of random staff, each was aware of the policies that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. Residents may submit a DOC 0286 (Offender Request) for ADA disability accommodations. Residents who are unable or need assistance for completing the DOC 0286 may request staff assistance. The ADA Coordinator reviews each case separately and ensures that residents at NORTH LAWNSDALE ATC are provided with information regarding ADA disability accommodations. If required, residents may be scheduled for an individualized assessment with licensed specialist for recommendations of auxiliary aids and services that may assist in providing effective communications.

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

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

#### 115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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



**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

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

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

In accordance with AD 03.02.106, Administrative to Administrative Directive, Filling Vacancies, issued effective January 1, 2016, PREA Pre-Employment Self Report (DOC 0450) and AD 01.03.107, Background Investigations, and interviews with the Safer Foundation Center Supervisor, and PREA Compliance Manager, it was determined by the auditor that NORTH LAWNSDALE ATC meets the mandate of this standard.

The specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Anyone found with any of these conditions is prohibited entrance into all Illinois facilities. North Lawnsdale ATC had 21 new hires in the past 12 months.

The auditor reviewed 18 employee files that contained the appropriate documentation for new hires, and promotions. These files were noted as being in compliance with the standard. During an interview with the Center Supervisor, he confirmed applicants receive applications via the internet and the background investigations are conducted by the IDOC Background Investigation Unit and forwarded to the Safer Foundation Human Resource Office. He also confirmed all new hires, staff transfers, and current employees who are selected for promotion are required to complete a DOC 0450 which remains on file. Confirmation of the agency's consideration of any incident of sexual abuse or sexual harassment in determining whether to hire an individual for contract services or whether to promote an employee was obtained through review of the DOC 0450. Complete background investigations shall include: (a) LEADS; (b) Fingerprint Cards; (c) Secretary of State Drivers' License; (d) Firearms Owner's Identification; (e) Employment reference checks; (f) Offender 360 (0360); (g) Youth 360 (Y360); (h) Volunteer Tracking System; (i) Visitor Tracking System (VTS); (j) Military check, if applicable; (k) The use of any other name or social security number.

The Director verified the requirement of staff's obligation to report all on and off duty misconduct to include those related to the PREA standards and staff omission of such conduct or those providing false information will be grounds for termination.



The auditor also interviewed the supervisor of the Agency Background Investigation Unit and he confirmed that background checks for all new hires, contractors and volunteers were performed by his unit and the facility is notified if they are ok to offer a letter of employment. He stated the background investigation included a review of the criminal history, employment history, any terminations or resignations, military discipline checks if applicable, and an employee reference check is forwarded to all listed prior employers. The Offender 360 program is also reviewed to identify if an applicant has been listed on an offender's visiting list or phone list. An applicant's fingerprints are collected after the background investigation returns with a negative finding. He added that his department is a fact finding arm only and any negative information is forwarded to the Director for further review. If staff are arrested anywhere within the United States, the Department will receive a notification. He stated that they use an employee's Arrest Tracking system which provides notification of any arrest instead of running a background check every 5 years.

A review of 18 employee PREA self-report forms indicates that all staff who may have contact with inmates directly about previous sexual abuse and sexual harassment misconduct as well as it notes the following: Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination from employment.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

#### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

During an interview with the Center Director he confirmed there has not been a substantial expansion or modification to NORTH LAWNSDALE ATC since the last PREA audit. Therefore, it is determined that North Lawnsdale ATC meets the mandates of this standard.

The Center has 58 cameras located throughout the facility and are monitored by the Central Control room and Officers in the housing units. He indicated that the facility does not plan to add additional cameras to their existing video monitoring capabilities to enhance security, safety for residents and staff, offender accountability, and the prevention and detection of sexual abuse and/or sexual harassment. There were no violations of privacy noted during the viewing of showers, toilets, change of clothing or performing bodily functions.

During an interview with the Director of IDOC, he confirmed, the Illinois Department of Corrections manages all facilities with care, custody, and safety in mind. The department takes great care in assuring the security for those in custody, the employees of the department and the general public served by the department. If at any time in the department, there is a facility under a physical change and/or the department may be opening new space for those under its custody, the department considers the ability to protect the offenders from sexual abuse as a main directing factor when accomplishing any change in physical structure or acquiring any new space. The department uses a multi-faceted strategy to attain a zero tolerance environment for those that are under the department’s custody. He further stated, the department uses these cameras to increase supervision and to combat the blind spots within the physical nature of the facilities. The Operations Division continues to work with facilities in prioritizing any additional areas that need to be under surveillance. The department continues to seek and secure funds to procure additional monitoring technology.

**RESPONSIVE PLANNING**

**Standard 115.221: Evidence protocol and forensic medical examinations**

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

**115.221 (a)**

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

#### 115.221 (b)

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

#### 115.221 (c)

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

#### 115.221 (d)

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

#### 115.221 (e)

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

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents; ID 04.01.301, Offender sexual Assaults-Preventions and Intervention; and Illinois State Police/Illinois Department of Corrections it is determined that North Lawndale ATC meets the mandates of this standard.

Policies and procedures require all investigations conducted within the North Lawndale ATC facility adhere to investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. Administrative investigations are conducted by full time trained investigative staff from an IDOC facility. Stateville Correctional Center is considered the parent facility for North Lawndale ATC. The PCM confirmed that if needed an investigator would come from IDOC or if needed, the Illinois State Police could arrive on scene.

AD.01.301 indicates offenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse. Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determine by the local facility. North Lawndale ATC utilize the SAFE/SANE staff at John Stroger Hospital in Chicago, IL for any forensic exam needs. The auditor interviewed the SANE Nurse Coordinator at John Stroger Hospital and she confirmed that they have nurses on duty for all shifts and if one was not on duty, they would be called in to report as soon as possible.

When required, written policy indicates the facility investigators refer sexual abuse investigations to the Illinois State Police, who will follow the requirements of this standard. The IDOC facilities will conduct investigations of inmate-on-staff and inmate-on-inmate sexual assaults and the Illinois State Police will conduct investigations involving staff-on-staff and staff-on-inmate sexual assaults. A review of the investigators' training documentation supported receipt of the required training.

Forensic examinations for North Lawndale ATC victims of sexual assault, are provided by John Stroger Hospital in Chicago, IL. During an interview with the SANE Nurse Coordinator , she stated the hospital employs a SANE Nurse that will report to the hospital as soon as possible if they were not already on duty. The victim of sexual abuse is required to be seen by the SANE Nurse within 90 minutes upon their arrival at the hospital. She explained the SANE Nurse explains the forensic examination process to the victim. She added a victim advocate from Resilience organization would be called by the hospital staff and the victim advocate would communicate via phone if the victim elect to not have in-person interaction. An interview was conducted with a victim advocate representative at Resilience. She indicated upon a victim of sexual abuse reporting to the outside hospital, medical staff contact the on-call victim advocate who is required to report to the hospital within 1 hour of being notified. She continued in stating, upon the Center being notified the process is explained via phone and the information exchanged is 100% confidential to the point that a State and/or Federal Judge in the legal

system cannot order the release of information provided by the victim unless or until the victim gives authorization through a signed release form. Services are available to all victims for emotional support to include during court hearings. The Hotline is available to the victim 24/7 as a means for ongoing support. North Lawndale ATC is a community treatment center and utilize the community standard of care for the residents. There are no medical staff at North Lawndale ATC.

There were no forensic examinations for North Lawndale ATC during the past 12 months.

The IDOC successfully obtained an agreement with John Howard Association to act as a 3<sup>rd</sup> Party reporting site for PREA allegations. There were no allegations reported for North Lawndale ATC during the last 12 months. An interview with an employee for John Howard Association stated that she had visited North Lawndale this year as part of their continued efforts to maintain relationships with the Illinois facilities.

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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

#### 115.222 (a)

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

#### 115.222 (b)

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

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (internal and external); Employee Criminal Conduct; DR 112 and the Illinois State Police/Illinois Department of Corrections Memorandum of Understanding, it is determined by the auditor that North Lawndale ATC meets the mandate of this standard.

The responsibilities of both entities are clearly stated in the Memorandum of Understanding with the Illinois State Police, Specifically, the facilities will conduct investigations involving inmate-on-inmate and inmate-on-staff sexual assault unless these are actions are determined to be criminal. The Illinois State Police will conduct staff-on-staff, and staff-on-inmate sexual abuse when these actions are considered to be criminal. As there is not an investigator assigned to North Lawndale ATC, the Illinois State Police could be called in if it is an emergency situation and the IDOC investigator could not arrive timely to protect a crime scene. Administrative investigations are completed on all allegations of sexual abuse/sexual harassment by the IDOC investigators. Criminal investigations are conducted when there is substantial evidence to support that a criminal act has taken place and referred to the Internal Security Investigator. At the completion of the criminal investigation, the case is then referred to the State Attorney's Office for possible prosecution.

During interviews with the IDOC facility investigative staff and a review of their training records, it was confirmed each successfully completed appropriate training to conduct sexual abuse investigations in a confined setting/prison. In accordance with AD 04.01.301 reported allegations of sexual abuse and/or sexual harassment require a prompt investigation, disciplinary action and a referral for prosecution, where appropriate.

The Department website:

<https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx> provide guidance to the public on how to report institutional sexual abuse and or staff sexual misconduct. The public is informed that IDOC investigates all allegations of offender–on–offender sexual abuse and staff sexual misconduct. Investigations are initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation. Reports may be made by calling (217) 558-4013 Calls to this number at IDOC Headquarters are recorded. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit.

During an interview with the Director, Center Director, and Facility PCM each confirmed the IDOC utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. Additionally, if needed the department has the ability to contact the Illinois State Police to assist in such investigations.



## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AD 03.03.102, Employee Training; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.01.113 Search of Offenders; PREA Cadet/PSOT Training; Annual Staff Cycle Training; A Guide for the Prevention and Reporting of Sexual Abuse; and PREA postings, is determined by the auditor that North Lawndale ATC meets the mandate of this standard.

PREA training is included during staff initial training at the Training Academy. Additionally, all staff are required to receive PREA training during the Annual Cycle Training. North Lawndale ATC staff are

required to attend Annual Cycle Training along with regular IDOC staff. Various topics of PREA training is provided to security staff during Roll Call. Confirmation of staff's receipt and acknowledgment of PREA training was confirmed during a review of training documentation for 25 Center staff, staff interviews and other related documentation that was provided to the auditor. Training Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

10 Random staff interviews conducted during the site visit included both security and non-security staff. All confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. All staff at North Lawndale ATC are trained as a first responder. The random staff interviewed detailed their response to abuse by informing the auditor they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. During the interview process with non-security first responders, each confirmed that they would immediately secure the alleged victim and then contact security staff. Staff are issued a first responder card which is carried in their badge holder. Most staff were able to answer interview questions without referring to the card. Additionally, Roll Call is used as a means for on-going training in regards to PREA. The Back- Up PREA Compliance Manager conducts random training with the staff one on one as she makes rounds.

North Lawndale ATC is designated as an adult male community correctional facility. AD.05.01.113 Search of Offenders is tailored to both male and female. Guidance of conducting searches are both outlined within the policy. Therefore, training offered to staff is tailored to both male and female offenders.

## **Standard 115.232: Volunteer and contractor training**

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

### **115.232 (a)**

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

#### 115.232 (b)

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

#### 115.232 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC Volunteer/Contractor (A Guide for the Prevention and Reporting of Sexual Abuse with Offenders); Volunteer Service Orientation Manual it is determined that North Lawndale ATC meets the mandate of this standard.

North Lawndale ATC has 51 authorized staff workers. There were no volunteers allowed in the facility at this time due to COVID-19 restrictions. North Lawndale ATC has 9 volunteers approved to visit the facility. A sample review of PREA training documentation for staff and volunteers support PREA training was completed and documented. A review of the training curriculum supports volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditors reviewed the training curriculum and training records for a sampling of 25 contractor staff and 9 volunteers. The documentation indicated their receipt and understanding of the zero tolerance policy.

## Standard 115.233: Resident education

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

#### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

AD 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Fliers; IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Offender handbook; Offender Orientation Insert demonstrate that North Lawndale ATC meet the mandates of this standard.

There are PREA posters throughout the facility and in each housing unit, a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, is posted on the bulletin boards and beside each inmate telephone in all housing units.

The Illinois Department of Corrections' mailing address is also posted in each housing unit for residents to write concerning any sexual abuse or sexual harassment allegation. The mailing address for the John Howard Association is in the resident handbook and posted on the housing unit bulletin boards. A language line is available for Limited English Proficient residents.

This auditor reviewed a random sampling of 27 resident A&O Checklists to verify that those residents admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. Residents interviewed to include a sampling of random as well as targeted groups affirmatively confirmed their knowledge and awareness of PREA reporting procedures.

Upon a resident's arrival at North Lawndale ATC an informational PREA pamphlet is provided to the residents. These pamphlets provide information of the facility's zero tolerance policy for sexual abuse and sexual harassment. They advise the resident on how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. Residents receive and sign for a copy of the North Lawndale ATC Resident Orientation Manual during orientation. This manual provides each resident with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The PREA education material is available in English and Spanish and states the agency's policy on zero tolerance, explaining to the resident, how and who to report any allegation of sexual abuse/ harassment to without fear of retaliation. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing.

The auditor interviewed one resident with the use of a staff interpreter. Documentation of residents' PREA training was made available to the auditor. This information is maintained in the offender' files in the Offender-360 Records System. The Orientation Manual also advises the residents that they may write IDOC or the John Howard Association with Attention: PREA. The PREA Report Line 1-(217) 558-4013 is stenciled on the walls by the residents' telephone for easy access.

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes    No    NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes    No    NA



- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 01.12.115, Institutional Investigative Assignments; documentation of investigator's training records and interviews with facility investigators', it was determined by the auditor that North Lawndale ATC meets the mandate of this standard.

North Lawndale ATC is a contract community treatment center for the IDOC. They do not have facility investigators. If needed, they contact the Agency PREA Coordinator and he assigns an investigator to



come to the facility. Usually, it is an investigator from Statesville Correctional Center. The facility may also call the Illinois State Police to come to the Center if it involves a crime scene. The IDOC facility investigators are required to complete a 40 hour training program given by the Illinois Department of Corrections Academy. Additionally, evidence of their completion of the PREA course offered by the National Institution of Corrections, “Investigating Sexual Abuse in a Confinement Setting” was also provided. Administrative investigations are completed by the institutional investigators. When required, these investigators refer sexual abuse investigations to the Illinois State Police for investigation who also follow the requirements of this standard.

The auditor reviewed the facility investigator’s certificates of training and received a computer-generated copy of internal and external investigator training for conducting sexual abuse investigations in a confinement setting as required in this standard.

## Standard 115.235: Specialized training: Medical and mental health care

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

#### 115.235 (a)

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

#### 115.235 (b)

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

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

North Lawndale ATC does not have medical or mental health staff full time or part time at the facility. It is a contract community treatment center and residents are expected to utilize community care systems. North Lawndale ATC will send emergencies to John Stroger Hospital in Chicago, IL. If it is a PREA emergency, John Stroger Hospital has certified SAFE/SANE nurses on duty. In an interview with the SANE Nurse Coordinator at John Stroger Hospital, she verified that North Lawndale ATC would send emergencies to John Stroger Hospital and they have SANE nurses on duty 27/7 and if one was not there at the time needed, they would be on call and would report as soon as possible.

Therefore, it is determined that North Lawndale ATC compliance with this standard is Not Applicable.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Requirements; AD 05.07.101, Reception and Orientation – Adult Process Requirements; ID 04.01.301, Offender Sexual Assaults- Prevention and Intervention; DOC 0372, Mental Health Screening form; and DOC 0379, Evaluation of Suicide Potential Form; DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse, and interviews with staff and residents, it was determined by the auditor that North Lawndale ATC meets the mandate of this standard.

An initial intake screening of all newly arriving IDOC offenders is conducted at the agency's Reception and Classification Center and again upon the inmate's arrival at their designated IDOC facility as noted in IDOC policies and procedures. When an offender transfers to the North Lawndale ATC, they are given a PREA Screening. A review of a random selection of 31 resident PREA Screening forms from the Offender-360 system, and interviews with staff and residents confirmed the residents are assessed during intake screening upon their arrival for their risk of being sexually abused by other residents

and/or for being sexually abusive toward other residents through utilization of a PREA screening tool, DOC 0494. The DOC 0494 includes the following vulnerability risk factors of: age, height, weight, number of incarcerations, criminal history exclusively non-violent, developmental disability, diagnosed mental illness, physical disability, perceived sexual orientation; physical presentation, history of sexual victimization; language and proficiency; detainment status, education level and socio-economic status when determining an inmate's risk of vulnerability. The predatory risk factors considerations include: history of institutional sexual abusive behavior; criminal history of sexual abusive behavior in the community; criminal history of domestic violence or violence toward other in the community; current security threat group affiliation and history of assaultive or violent behavior while incarcerated.

Residents are screened by the Admission & Orientation Case Manager upon their arrival to North Lawndale ATC. A Program Case Manager completes the 30 day reassessments. The auditor reviewed 13 30-day reassessments to confirm they were completed not later than 30 days of the resident's arrival.

North Lawndale ATC has implemented appropriate controls on the dissemination within the facility that limits the accessibility of the screening information to designated staff on a need to know basis and to ensure sensitive information is not exploited to the inmate's detriment that includes investigative, medical and mental health information. The residents' files are securely stored within the Offender-360 system and controlled by assigned staff.

The agency policy does not allow discipline actions for residents who refuse to respond to the questions during either of the screening processes conducted by staff.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

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

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

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



placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorder; DOC 0494; interviews with In-take Staff, PREA Compliance Manager, and Center Director, it was determined by this auditor that North Lawndale ATC meets the mandate of this standard.

Residents currently are quarantined upon arrival at North Lawndale ATC on the 5 floor for 14 days. During this time they receive the facility orientation and PREA education with the Admission & Orientation Case Manager. The Case Manager completes the PREA Screening form in Offender 360 and ask about any prior victimizations or risk for victimization. If they answer yes, then they are referred to mental health for follow-up. According to the PCM, all of North Lawndale ATC mental health concerns are handled through Mile Square, which is a community outreach program part of the UIC Hospital in Chicago, IL. The 30 day re-assessment is completed by their assigned case manager. The Admissions & Orientation Case Manager is designated to assign bed assignment to all incoming residents.

During an interview with a Case Manager, he confirmed staff carefully review the pre-arrival documentation of each resident prior to their arrival and ensure if there are residents identified at high risk of being sexually victimized are housed separately from those at high risk of being sexually abusive.



The DOC 0494, Screening for Potential Sexual Victimization for Sexual Abuse, includes at a minimum, the criteria to assess offenders for risk of sexual victimization and the criteria to assess the inmate's risk of being sexually abusive. Utilization of this instrument is conducted by in-take staff to determine proper housing, and bed assignments and other program assignments with the goal of protecting potential victims of sexual abuse/sexual harassment from those who are at risk of being potential sexually abusive. The determination of resident housing is made on a case-by-case basis and at no time are residents placed in designated housing based solely on their sexual identification or status.

North Lawndale ATC did not have any residents who identifies as transgender, gay, or bi-sexual.

# REPORTING

## Standard 115.251: Resident reporting

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

### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

### 115.251 (c)

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

### 115.251 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assault-Prevention; PREA Posters; North Lawndale ATC Resident Orientation Manual; MOU Between IDOC and John Howard Association; DOC 0286, Offender Request Form; it was determined by the auditor that North Lawndale ATC meets the mandate of this standard.

A review of documentation and interviews with staff and residents confirmed the agency and North Lawndale ATC has multiple ways for residents to report sexual abuse and/or sexual harassment to include verbally, in writing, privately, via third-party reporting and anonymously.

Upon arrival at North Lawndale ATC, the resident receives a copy of the North Lawndale ATC Resident Orientation Manual. This manual provides each resident with information explaining the agency's and facility zero-tolerance policy regarding sexual abuse and sexual harassment. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. In this document it also indicates that should the resident wish, they may write IDOC with Attention: PREA while providing the address. The PREA Report Line 1- (217) 558-4013 is stenciled on the walls next to the resident telephones for easy access. Residents may also write to the John Howard Association which acts a 3<sup>rd</sup> Party notification and serves as a private entity for the residents and is not associated or connected to the IDOC. The agency allows mail addressed to John Howard Association to be placed in a sealed envelope and labeled "Privileged." This mail is not to be read by staff at the facility. Residents are not detained solely for the civil immigration purposes at North Lawndale ATC.

A copy of the established IDOC MOU with the John Howard Association was provided for review and supports the provision of the standard. Phone interviews were conducted with staff at John Howard Association that confirmed residents can report to a public or private entity or office that is not part of the IDOC agency. John Howard is able to receive PREA reports and will forward reports relating to sexual abuse and sexual harassment to IDOC PREA officials. However, the resident may request to remain anonymous.

Interviews with 10 random staff indicated that each would immediately report any knowledge and suspicion of sexual abuse and sexual harassment. The most common method staff identified that the resident could report was the PREA Hotline, and verbally and in writing to staff. They were aware that residents could utilize 3<sup>rd</sup> Party reporting and through the facility grievance procedures and anonymously.

In an interview with an employee of the John Howard Association, she stated that they have not received a report of an allegation from North Lawndale ATC during this audit cycle.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond

is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.252 (f)

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with Title 20 Illinois Administrative Code, AD 01.01.114, Local Offender Grievance Procedure and DOC 0046, Offender Grievance Form (English and Spanish); AD 04.01.301, Sexual Abuse and Harassment Prevention Program, and Resident Orientation Manual it was determined by the auditor that North Lawndale ATC meets the mandate of this standard.

Residents are allowed to submit a grievance regarding an allegation of sexual abuse without any time limits. Residents are not required to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the complaint is not referred to a staff member who is the subject of the complaint. Policy require the agency to provide an initial response within 48 hours and a final decision within 5 calendar days relative to emergency grievances alleging an inmate is subject to a substantial risk of imminent sexual abuse. The initial response and final decision would document the Department's determination whether the resident is subject to a substantial risk of imminent sexual abuse. Third parties, including fellow residents, staff

members, family members, attorneys, and outside advocates, may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. These third party advocates may also file such requests on behalf of the resident. If the resident declines to have the request processed on his behalf, North Lawndale ATC will document the resident's decision.

The agency's PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, identify that the agency may discipline a resident for filing a grievance related to an alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. In an interview with the center PCM, there were no grievances filed in the past 12 months in relation to allegations of sexual abuse/sexual harassment.

Based on random interviews with residents, it is determined that residents are aware of their ability to file a grievance to report an allegation of sexual abuse or sexual harassment. Most of the residents interviewed stated that they would prefer to report to Staff. The grievance process is documented in the North Lawndale ATC Resident Orientation Manual.

## **Standard 115.253: Resident access to outside confidential support services**

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

#### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.253 (b)**

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

#### **115.253 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No



- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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In accordance with ID 04.01.301 Offender Sexual Assaults-Prevention and Invention (Attachment B); North Lawndale ATC Resident Orientation Manual (English and Spanish); MOU with the John Howard Association who acts as an anonymous reporting conduit between the residents and IDOC, it is determined that North Lawndale ATC meets the mandate of this standard.

Specifically, the Resilience Center serves as a Community Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse. They would be called by the SANE nurse at John Stroger Hospital if a resident was brought there for a forensic exam. The sexual assault crisis intervention is a 24-hour service that provides an immediate, supportive response to the needs of persons who have experienced sexual abuse in order to assist them in returning to their previous level of functions. Crisis intervention may be in-person or by telephone. Residents may have their own personal cell phones at the center and they are available to them.

The PREA Hotline number is stenciled on the walls of the residents' housing unit. Guidance outlining the appropriate steps on how to report, who to report to, addresses on where to submit written allegations, and the PREA Hotline number is noted in the Resident Orientation Manual.

In an interview with an employee of the John Howard Association, she indicated that they serve as a 3<sup>rd</sup> Party reporting center and that residents may remain anonymous upon request.

During interviews with the random residents, they were aware of the John Howard Association as a means to report, and were aware that outside resources for support were available.

## Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with available methods of services provided by North Lawndale ATC to include: PREA Handout Pamphlets; MOU with the John Howard Association of Illinois <http://www.thejha.org/>; PREA Hotline number in the housing units and in the Resident Orientation Manual and PREA Posters in the visiting area; and information on the DOC

Website: <https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx>. it is determined that North Lawndale ATC meets the mandates of this standard.

Additionally, the following information is documented on the North Lawndale ATC entry registration sign-in logs for official visitor, resident visitors, and volunteers prior to entering: The North Lawndale ATC has **ZERO TOLERANCE** for all forms of sexual conduct between residents and staff, volunteers, contractors, or other residents. The Department is committed to everyone's safety and will investigate **EVERY** allegation. Sexual abuse and sexual misconduct can be reported to the **PREA report line (217) 558-4013**.

Third party reporting methods are also documented in the North Lawndale ATC Resident Orientation Manual, PREA Pamphlets, and PREA posters in both English and Spanish.

During interviews with staff and residents, each was knowledgeable of third party reporting opportunities. During an interview with an employee of the John Howard Association, she stated that the John Howard Association serves as the 3<sup>rd</sup> Party reporting site for all IDOC facilities.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

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

#### 115.261 (c)

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

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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In accordance with AD 03.02.108, Standards of Conduct; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and Ethics and Business Conduct Safer Foundation and interviews with staff, it is determined by the auditor that North Lawndale ATC meets the mandate of this standard.

During interviews with 10 random staff, all were knowledgeable of their responsibility to immediately report all allegations of sexual abuse and/or sexual harassment, and acts of retaliation regarding PREA standards to their supervisor, higher ranking staff, or Internal Affairs. Several staff reference the PREA Immediate Response Cards in their possession that outlines procedures to follow as a first responder upon witnessing/receiving a sexual abuse/harassment report.

A Warden's Bulletin #17-14 drafted by the Center Director to all staff stated in accordance with the PREA standard, 115.61, all staff shall report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the on-duty Shift Supervisor. The alleged victim should be separated, offered protection, and the area should be treated as a possible crime scene. Staff shall document the incident on a DOC 0434 (Incident Report). The report should be sent directly to the on-duty Shift Supervisor. The IDOC has zero-tolerance for sexual abuse and sexual harassment within its facilities.

All staff also stated they would document in writing any knowledge, suspicion or information regarding such actions prior to the end of their shift and this information was aware that the reporting information would not be documented in their logbooks.

During an interview with the Center Director, he confirmed all allegations and threats of imminent sexual abuse are taken seriously and North Lawndale ATC extends all measures to the residents to include movement within the facility and/or transfer. All such risk would be fully investigated and the resident at risk would have access to medical and mental health care.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and staff interviews, it was determined that North Lawndale ATC meets the mandate of this standard.

All staff interviewed were knowledgeable of their responsibility and duties upon becoming aware of a resident being at imminent risk of being sexually abused or sexually harassed. All staff reported they would immediately remove the resident from the area of threat and provide further measures of protection while notifying their supervisor. Their actions included separating the potential victim for the

potential predator, securing the scene in order to protect possible evidence, not allowing the residents(s) to destroy possible evidence by showering, brushing teeth, use of the restroom, change clothes, etc. and they would contact their supervisor who would contact medical and mental health. There were no occasions within the past 12 months of the audit process in which staff was advised of the sexual abuse allegation within the 72 hour time frame to collect physical evidence.

During an interview with the Center Director, he confirmed all allegations and threats of imminent sexual abuse are taken seriously and North Lawndale extends all measures to the resident to include movement within the facility and/or transfer. All such risk would be fully investigated and the resident at risk would have access to medical and mental health care as well as support services.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In accordance with 04.01.301, Offender Sexual Assaults-Prevention and Intervention; interviews with the Center Supervisor, and External Investigations Commander; it was determined that North Lawndale ATC meets the mandate of this standard.

Policy requires reports of sexual abuse or harassment occurring while a resident was housed at a different facility shall be reported to the Chief Administrative Officer (Center Supervisor) of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received. Reports of sexual abuse or harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup county jail, or correctional center in another state, shall be documented on a DOC 04344 and reported by the Chief Administrative Officer of the facility that received the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours.

The facility reported they received 0 reported allegations from other facilities of alleged previous incidents involving sexual abuse/sexual harassment allegations while at North Lawndale ATC. The facility also received 0 reports of offenders who reported to North Lawndale ATC who reported allegations of sexual abuse/sexual harassment occurring at other correctional facilities upon their arrival at North Lawndale ATC during the review period. The North Lawndale ATC Center Supervisor indicated that he would respond immediately with notification by email to the Chief Administrative Officer at the facility identified by the resident. He reported there has been no incidents reported at the facility.

The Director of IDOC confirmed when a facility within the Department is notified by another agency of an allegation within an IDOC facility, the PREA Compliance Manager of that respective facility is notified and the PREA procedures and protocols are implemented. If an offender provides an allegation to IDOC regarding another jurisdiction, the CAO of the IDOC facility receiving the allegation reports such complaint to the CAO of the jurisdiction in which the report was alleged to have occurred. He also acknowledged that cross jurisdictional reports regularly occur.

## Standard 115.264: Staff first responder duties

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

### 115.264 (a)



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

#### 115.264 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and staff interviews, it was determined by the auditor that North Lawndale ATC meets the mandate of the standard.

Policy addresses staff responsibility and appropriately responding as a first responder to reports of alleged sexual abuse. Additionally, during interviews with security and non-security staff, each staff were knowledgeable of their responder duties and responsibilities upon becoming aware of an allegation of sexual abuse and/or sexual harassment. Security staff reported they would immediately notify their supervisor and non-security staff stated they would immediately notify a ranking security staff member. All staff indicated they would ensure separation of the residents, secure the area identified and advise the residents to not destroy any evidence such as not brushing teeth, showering, using toilet, and changing clothes while notifying a security supervisor.

There were 0 incidents where it was required to separate residents or collect evidence as a first responder during the audit review period due to 0 reported allegations of sexual abuse during the review period.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; 04.01.301 Safer Foundation Local Procedure; and interview with the North Lawndale ATC Center Supervisor it was determined by the auditing team that North Lawndale ATC meets the mandate of this standard.

An interview with the North Lawndale ATC Center Supervisor confirmed the Center does have a coordinated action plan in the incident command system and in the facility. A review of the facility's coordinate action plan confirmed it 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 to include non-security first responders, medical and mental health practitioners, investigations, and facility leadership. Interviews with staff confirmed their awareness regarding their responsibilities in the coordinated response process.

## **Standard 115.266: Preservation of ability to protect residents from contact with abusers**

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

#### **115.266 (a)**

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

#### **115.266 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

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

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

The Department has a variety of signed agreements between the Department of Central Management Services of the State of Illinois and departments within the correctional facilities to include United Brotherhood of Carpenters and Joiners of American; Laborer's International Union of North America International Union of Painters and Allied Trades; United Association of Journeymen and Apprentices

of the Plumbing and Pipefitting Industry Of U.S.A. and Canada The Department s of Central Management Service, Corrections, Human Services, State Police, Veterans’ Affairs, Natural Resources, and Transportation and Teamsters Downstate Illinois State Employee Negotiation Committee Downstate). However, per an interview with the Director of IDOC, at minimum, all collective bargaining agreements provide the Department with the ability to place an employee on paid administrative leave.

## Standard 115.267: Agency protection against retaliation

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

#### 115.267 (a)

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

#### 115.267 (b)

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

#### 115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, MOU with John Howard Association and interviews with staff, it is determined by the auditing team that North Lawndale ATC meets the mandate of this standard.

AD 04.01.301 indicates for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offender or staff. The offender's and staff' conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender DOOC 0498 and Staff DOC 0499.

The Department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department. Support services are provided by qualified community mental health providers as necessary. Policy requires that offenders and staff reporting such allegations are monitored for a retaliation period of no less than 90 days and longer if necessary. The facility reported 0 allegations of sexual harassment, 0 allegations of sexual abuse was reported during the review period of April 1, 2020 – March 31, 2021.

In response to how the Department protect offenders and staff from retaliation for sexual abuse or sexual harassment, the Director of IDOC stated the department has the tools of investigation, transfer of housing units, transfer to another facility, moving staff to different posts, medical evaluations, and mental health evaluations to monitor for and prevent such retaliatory actions. In addition, the department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department.

An interview with the North Lawndale ATC Center Supervisor, confirmed in the event retaliation is performed by either an identified staff member and/or resident discipline actions would be applied after an investigation.

An interview with staff assigned to monitor both staff and offender retaliation confirmed, the individual would be monitored every 30 days up to 90 days and beyond 90 days if deemed necessary. The individual would be monitored for unusual negative occurrences, to include loss of job assignments, discipline actions, housing changes, work performance evaluations, etc. In the event an individual is experiencing retaliation, it would immediately be dealt with based on the circumstances to include discipline action to staff and/or residents, possible reassignment and/or transfer. There were 0 reported allegations of sexual abuse and/or sexual harassment reported during the review period of April 1, 2020 – March 31, 2021.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No



- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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In accordance with AD 01.12.101, Employee Criminal Misconduct; AD 04.12.120, Investigations of Unusual Incidents; Title 20 Administrative Code, DR part 112, interviews with the IDOC External Investigations Commander and IDOC State PREA Coordinator; it is determined by this auditor that North Lawndale ATC is in compliance with this standard.

North Lawndale ATC would promptly contact the Agency PREA Coordinator and IDOC investigation unit to come to the facility to conduct a thorough and objective investigation of sexual abuse and sexual harassment, to include those reported by third-party and/or anonymously.

During an interview with the IDOC External Investigations Commander, he clearly articulated duties and actions taken during the gathering and preserving direct and circumstantial evidence, including the collection and preservation of DNA, and various methods to include interviews with witnesses, alleged victim, suspected perpetrator, and electronic data collection. Prior complaints and reports of the alleged perpetrator is also reviewed by the investigative staff during an investigation. Investigations Unit is authorized to seek assistance from the Illinois State Police as needed in conducting investigations.

When the quality of evidence appears to support criminal prosecution, the agency may contact the Illinois State Police to continue with the investigation. Consultation with the State Attorney's Office prior to conducting compelled interviews will be performed by that department. Substantiated allegations that appear to be criminal are required for prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and based on evidence collected not determined by the person's status as offender or staff. He confirmed the agency does not require an offender who alleged sexual abuse to submit to a polygraph or truth-telling device. The Agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the Agency, plus five years. All investigations are logged in the Consolidated Listing of Incidents and Crimes (CLIC) which is the

tracking system used by the Department to document all investigations and the investigative staff maintain copies of their investigations. He added if a staff member alleged to have committed sexual abuse terminates employment prior to the completion of a sexual abuse investigation, or if an alleged victim or an abusive person depart the facility prior to the completion of the investigation, the investigation is continued throughout completion of findings. There were 0 reported allegations of sexual abuse and/or sexual harassment at North Lawndale ATC during the past 12 months for investigation.

The IDOC External Investigations Commander explained upon a report of sexual abuse and/or sexual harassment, the investigation is begun immediately whether by the facility internal investigator and/or the external investigator. All investigations are handled in the same manner to include allegations reported anonymously and /or by a third party. He added third party and anonymous calls are often reported through the Department public tip line number (217) 558 -2200 (press 0) which is the IDOC main line to the External Investigations Unit.

In cases where a staff is terminated, or resigns and/or placed on administrative leave, they are prohibited from entering the facility. If the investigation involves possible criminal charges, the case is referred to the State Attorney's Office. The internal investigators (Lieutenants and Officers) cannot investigate staff. However, the external investigators can investigate all staff and also conduct the Miranda warnings to them. This is based on a contractual obligation with IDOC and the Union. The Commander confirmed all criminal investigation are referred to the Illinois State Police regarding sexual abuse with the custodial sexual misconduct, inmate on staff sexual assault, simple assaults and inmate on inmate sexual assault, or simple assaults. The Illinois State Police handles all sexual assault involving staff on staff and staff on inmate. The investigators stated IDOC investigators maintain an open line of communication and work with the Illinois State Police while also completing a follow-up on many cases that have been prosecuted.

A memorandum was submitted by the Chief of Investigations and Intelligence to all IDOC Wardens, Assistant Warden and Adult Transition Center (ATC) Supervisors confirming it is policy of the Illinois Department of Corrections that all investigations of allegations of sexual abuse or harassment are to be conducted in accordance with Administrative Directives 01.12.105 and 04.01.301, and with the standards and regulations adopted under the Prison Rape Elimination Act (PREA). In accordance with PREA standards, during the course of such investigations, the Department shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.

In response to the Department maintaining contact with an outside agency conducting an investigation for Department, the investigator confirmed communication is maintained between both investigative parties through office visits, telephone calls and emails. The IDOC State PREA Coordinator confirmed

an outside agency will provide confidential updates with the agency by sharing the information identified agency specialized trained staff.

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention Program; Memorandum submitted by the Chief Investigations and Intelligence and interviews with IDOC External Investigative Staff who are assigned to conduct investigations for North Lawndale ATC, it was determined by the auditor that North Lawndale ATC meets the mandate of this standard.

Policy mandates that no standard higher than a preponderance of the evidence should be imposed in determining whether an allegation of sexual abuse or sexual harassment is substantiated. This procedure and practice were confirmed during interviews with both the internal and external investigators. As the policy and procedures is in effect for all IDOC facilities and both ATC.

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.273 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention PREA Investigation; Victim Notification of Completed PREA Investigation Findings Memorandum; and interview with investigative staff, it was determined by the auditor that North Lawndale ATC meets the mandate of this standard.

The agency has a policy that require any offender who alleges he suffered sexual abuse/sexual harassment in an Agency facility shall be notified verbally, and in writing that the completion of the investigation has been determined to be substantiated, unsubstantiated or unfounded.

The North Lawndale ATC PAQ indicated there were 0 reported PREA allegations for sexual abuse and sexual harassment during the audit review period.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

##### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

##### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

##### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

##### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does



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

In accordance with PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Disciplinary for Staff; AD 03.01.120. Employee Review Hearing; AD 03.01.310, Sexual Harassment Requirements and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention; investigative staff interview, and interview with North Lawndale ATC Center Supervisor, it was determined by the auditor that North Lawndale ATC meets the mandate of this standard.

All staff at the facility are contracted through the IDOC.

Employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of the investigation. All terminations for violations of sexual abuse or sexual harassment policies, or resignation by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

Per an interview with the North Lawndale ATC Center Supervisor, upon a reported allegation of sexual abuse and/or sexual harassment involving a contract worker and/or volunteer, it would result in immediately being denied entry into the facility. The information would be uploaded into the Offender 360 for an investigation and the resident would immediately be restricted from further interaction with the identified staff.

There were 0 reported allegations of sexual abuse and/or sexual harassment at North Lawndale ATC to include those that involved staff/contract workers during the review period of April 1, 2020 – March 31, 2021. Therefore, there were 0 incidents of staff terminations, resignations during an investigation and/or reported to licensing bodies due to allegations of sexual abuse/sexual harassment during the review period.

## **Standard 115.277: Corrective action for contractors and volunteers**

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

### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

## 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with 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 ID 04.10.122, Volunteer Services, it is determined that North Lawndale ATC meets the mandate of this standard.

All staff at the facility are contracted through the IDOC. Per an interview with the North Lawndale ATC Center Supervisor, upon a reported allegation of sexual abuse and/or sexual harassment involving a contract worker and/or volunteer, they would result immediately be denied entry into the facility. The information would be uploaded into the Offender 360 for an investigation and the resident would immediately be restricted from further interaction with the identified staff/volunteer. Contractors and Volunteers who engage in sexual abuse would be reported to law enforcement agencies and to relevant licensing bodies, unless the activity is clearly not criminal.

There were 0 reported allegations of sexual abuse and/or sexual harassment reported against a volunteer and/or contract worker during the review period of April 1, 2020, through March 31, 2021. Therefore, there were 0 actions taken toward volunteers and/or contract workers.

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

#### 115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### 115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; 20 Illinois Administrative Code CH. I. SEC. 504. Subpart A. Administration of Discipline; it was determined that North Lawndale ATC meets the mandate of this standard.

The Agency may discipline an offender for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. Offenders determined to be guilty of an administrative or criminal finding of sexual abuse allegations are subject to discipline actions 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, and/or other interventions which are designed to address and correct underlying reasons or motivations for the abuse.

Sexual activity between offenders is prohibited by the Agency and residents would receive discipline for such actions. Per an interview with the North Lawndale ATC Center Supervisor, the resident would be transferred to the IDOC Stateville Correctional Center where the disciplinary hearing and sanctions would be imposed. The Agency does not find consensual sex between offenders to constitute sexual abuse. There were 0 reported allegations or sexual abuse and/or sexual harassment to include against a resident during the review period of April 1, 2020 through March 31, 2021. Therefore, 0 residents received discipline for sexual abuse and/or sexual harassment misconduct. Nor were any residents identified as involved in sexual activity between other residents.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; resident' access to the John Howard Association who acts as an anonymous reporting conduit between the residents and IDOC; Interviews with North Lawndale ATC PCM, and Center Supervisor it is determined North Lawndale ATC meets the mandate of this standard.

Any resident who alleges to be a victim of sexual abuse shall be (1) Immediately provided protection from the alleged abuser; (2) Referred to John Stroger Hospital for examination, treatment and evidence collection. The decision to collect evidence shall be made on a case-by case basis in accordance with standard investigative procedures. (3) Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. (4) Offered counseling supportive services, such a psychological service, chaplaincy services, correctional counselors, group therapy, etc, and if possible be provided with a victim advocate from a rape crisis center.

Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determine by the local facility. North Lawndale ATC utilize the SAFE/SANE staff at John Stroger Hospital in Chicago, IL for any forensic exam needs. The auditor interviewed the SANE Nurse Coordinator at John Stroger Hospital and she confirmed that they have nurses on duty for all shifts and if one was not on duty, they would be called in to report as soon as possible.

The SANE Nurse Coordinator also indicated that they would call the Resilience Organization, who would provide a victim advocate to report to the hospital or call in to speak with the victim as needed.

Per the IDOC PREA Coordinator, the John Howard Association provides services throughout the state of Illinois. Resilience Organization serves as a Community Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse. They do not have an MOU with North Lawndale, but they do with John Stroger Hospital. The hospital would be the one to request their assistance. The facility enables reasonable communication between the residents and these organizations in as confidential manner as possible.

Residents shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse that shall be provided by a certified SANE/SAFE at a local emergency room. The medical examination shall include a general physical examination and for recent sexual abuse shall also include, but not limited: (1) A blood test (RPR serology for Syphilis); (2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexual Transmitted Diseases (STD) as appropriate; (3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test. An HIV test and counseling will also be offered.

## Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

### 115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.283 (g)



- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; A.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; interview with North Lawndale ATC PCM; and interview with SANE Nurse Coordinator at John Stoger Hospital it is determined by the auditor that North Lawndale ATC meets the mandate of this standard.

The North Lawndale ATC PCM indicated in an interview that residents may go to a program called Mile Square with the UIC Hospital in Chicago, IL. They will handle all mental health concerns for the residents including trauma resulting from sexual abuse or victimization. If a resident was unable to remain at North Lawndale ATC as a result of sexual abuse, they would be transferred to Stateville Correctional Center, where they would be referred to their infirmary and mental health services.

**Crisis Intervention:** This service is provided by Resilience Organization of Chicago, IL. Sexual assault crisis intervention is a 24-hour service that provides an immediate, supportive response to the needs of inmates who have experienced sexual abuse in order to assist them in returning to their previous level of functioning. The goal of crisis intervention is to restore a sense of equilibrium. Crisis intervention response includes empathic listening, information and referral, engagement of victim with appropriate services of the center, in-person medical advocacy, if needed, or sexual abuse legal advocacy. Crisis intervention may be in-person or by telephone via an unmonitored, unrecorded call. Rape Crisis Counselors providing crisis intervention are trained to engage victims, screen for safety and immediate

needs and connect victims with immediate and follow-up services. Crisis intervention shall comply with the Rape Crisis Personnel Privilege.

**Sexual Assault Counseling:** This service is provided by Mile Square and Resilience Org. Sexual assault counseling is victim-centered counseling with the goal of supporting the victim's recovery process through listening, encouraging, validating, reflecting, giving resources, and providing a safe counseling environment. Sexual assault counseling is seen as working with the victim on current issues, normalizing and validating reactions to the trauma and facilitating a return to pre-trauma functioning. Based on availability of counseling staff, the victim has access to counseling sessions at scheduled intervals. Counseling may be provided on the telephone via an unmonitored, unrecorded call; face-to-face in as confidential a manner as possible; and can include individual or group counseling that may be provided on an on-going basis for weeks, months or even years.

Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determine by the local facility. North Lawndale ATC utilize the SAFE/SANE staff at John Stroger Hospital in Chicago, IL for any forensic exam needs. The auditor interviewed the SANE Nurse Coordinator at John Stroger Hospital and she confirmed that they have nurses on duty for all shifts and if one were not on duty, they would be called in to report as soon as possible.

Therefore, as these services are provided throughout the local community and are identified as consistent with the community level of care.

Per interviews with the North Lawndale ATC Center Supervisor and PCM, mental health services are also available via phone with mental health staff at the IDOC Stateville Correctional Center.

Residents shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse that shall be provided by a certified SANE/SAFE at a local emergency room. The medical examination shall include a general physical examination and for recent sexual abuse shall also include, but not limited: (1) A blood test (RPR serology for Syphilis); (2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexual Transmitted Diseases (STD) as appropriate; (3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test. An HIV test and counseling will also be offered.

Per interviews with the North Lawndale ATC Center Supervisor, and PCM, residents identified as an aggressor are not designated to the ATC as the PCM review all residents' history prior to arrival. A resident alleged identified as an aggressor would be transferred to Stateville Correctional Center immediately. Mental health staff at that facility would be responsible for conducting a mental health evaluation.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

##### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

##### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

##### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

##### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

## 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, and Incident Review Team Memorandum it is determined North Lawndale ATC meets the mandate of this standard.

According to policy, the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team, at a minimum, shall include: (1) Assistant Chief Administrative Officer; (2) Shift Commander or Lieutenant; (3) A representative from Internal Affairs; (4) Facility PREA Compliance Manager; (5) A representative from Medical; and (6) A representative from Mental Health. The review, including any report of findings or any recommendations for improvement, shall be documented on the DOC 0593, Sexual Abuse Incident Review. The DOC 0593 shall be forwarded to the Chief Administrative Officer so recommendations for improvement may be considered. Any recommendations not implemented shall be documented on the DOC 0593 including justification for not doing so.

The North Lawndale ATC reported 0 allegations of sexual abuse and/or sexual harassment having occurred during the audit period of April 1, 2020 – March 31, 2021. However, interviews with North Lawndale ATC Center Supervisor, Facility PCM and Alternate PCM, all were aware of the incident review team responsibilities in conducting an incident review of sexual abuse. The auditor reviewed the appointment memo for the Incident Review Team. North Lawndale ATC as a community treatment center does not have medical or mental health staff on duty. The make-up of their team closely approximates the make-up with the PCM/ Program Manager, Chief of Security, Case Manager, and a Program Manager/Mental Health.

## Standard 115.287: Data collection

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

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; PREA FY 2020 Annual Compliance Report; and review of quarterly PREA reports it is determined that North Lawndale ATC meets the mandate of this standard.

The IDOC 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 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. The report shall also provide an assessment of the Agency's progress in addressing sexual abuse. In an interview with the Agency PREA Coordinator, he confirmed his office does collect the data and prepares the annual report.

## **Standard 115.288: Data review for corrective action**

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

#### **115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### **115.288 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program Manual; ID 04.01.301 Offender Sexual Assault-Prevention and Intervention; IDOC Website Annual PREA Reports, and agency and staff interviews; it is determined by the auditor that North Lawndale ATC meets the mandate of this standard.

The agency review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The Director indicated the Department does use the incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. He added this is completed through the facility review process supported by AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual. Identifying problem areas or policies, addressing issues that have occurred on a regular basis, staff training, continuing to make corrective action when problems



may arise, and using the facility review process to ensure the proper proactive steps are taken for problem solving. In addition, the department has implemented procedures to collect data on a quarterly basis for all facilities within the department. The Director also confirmed Data is aggregated and provided in report form by the Agency PREA Coordinator and submitted directly to him for review and approval.

An interview with the IDOC Agency PREA Coordinator confirmed the data collected pursuant to § 115.87 are securely retained in a secured database managed by him as the PREA Coordinator and stored in a double locked secure filing cabinet. All confidential sensitive inmate and/or staff information will be redacted in consultation with the IDOC legal division, a determination would be made regarding what information would be redacted.

A review of the IDOC Website 2020 PREA Annual Report confirmed the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse; and the agency's annual report is approved by the agency head and made readily available to the public through its website. The Director confirmed he approve all annual reports pursuant to this standard.

## **Standard 115.289: Data storage, publication, and destruction**

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

#### **115.289 (a)**

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### **115.289 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### **115.289 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### **115.289 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Annual Reports; and review of the IDOC website, it was determined by the auditor that North Lawndale ATC meets the mandate of this standard.

Policies and procedures are in place to ensure guidelines are followed to ensure: 1) data collected pursuant to standard 115.87 are securely retained; 2) the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website; 3) the agency remove all personal identifiers before making aggregated sexual abuse data publicly available; 4) the agency maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

##### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The Agency deferred conducting PREA audits until the third year of the first cycle and completed all audits for then existing 29 Agency facilities during that year. The IDOC has since opened an additional facility and is in the second cycle of conducting PREA audit throughout the Agency. North Lawndale ATC is in the second cycle of the three year auditing cycle. Therefore, North Lawndale ATC meets the mandates of this standard.

The facility was previously audited in 2018 and the Auditor confirmed the audit report was posted on the agency's website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

The auditor was given access to all areas of the facility while allowing observation of full operational procedures of the North Lawndale ATC. The auditor was allowed access to review all required documentation under the PREA standards and was allowed to retain relevant documentation as requested. The auditor did not received any confidential information or correspondence from residents. If received, it would be treated in the same manner as if they were communicating with legal counsel.

Upon a review of documentation and an interview with the Agency PREA Compliance Manager support the finding that North Lawndale ATC is in compliance with this standard.

## Standard 115.403: Audit contents and findings

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

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The Agency has published on its Agency website and has made publicly available, all Final Audit Reports within 90 days of issuance by the auditors. The review period for the Agency’s prior audits was completed during the past three years. North Lawndale ATC was previously audited in 2018 and the Auditor confirmed the audit report was posted on the agency’s website. Therefore, North Lawndale ATC meets the mandates of this standard.

The audit report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

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

### Auditor Instructions:

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

*Crystal Y. Norment*

*July 21, 2021*

**Auditor Signature**

**Date**

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

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