PREA AUDIT REPORT ☐ INTERIM ■ FINAL

ADULT PRISONS & JAILS

Auditor Information			
Auditor name: James L. Roland, Jr.			
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Email: james.roland@nakamotogroup.com			
Telephone number: (419 610-5668			
Date of facility visit: December 12-13, 2016			
Facility Information			
Facility name: Danville Correctional Center			
Facility physical address: 3820 E. Main St. Danville, Illinois 61834			
Facility mailing address: *(if different from above)*			
Facility telephone number: (217) 466-0441			
The facility is:	☐ Federal	■ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	■ Prison	☐ Jail	
Name of facility's Chief Executive Officer: Victor Calloway			
Number of staff assigned to the facility in the last 12 months: 336			
Designed facility capacity: 1864			
Current population of facility: 1816			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 18-76			
Name of PREA Compliance Manager: Melanie Easton	**Title:**	Qualified Mental	
Email address: melanie.easton@doc.illinois.gov	**Telephone number:**	(217) 466-0441	
Agency Information			
Name of agency: Illinois Department of Corrections			
Governing authority or parent agency: *(if applicable)* State of Illinois			
Physical address: 1301 Concordia Court, Springfield, Illinois 62794			
Mailing address: *(if different from above)*			
Telephone number: (217) 558-2200			
Agency Chief Executive Officer			
Name: John Baldwin	**Title:**	Acting Director	
Email address: john.baldwin@doc.illinois.gov	**Telephone number:**	(217) 558-2200	
Agency-Wide PREA Coordinator			
Name: Alan Pasley	**Title:**		
Email address: alan.pasley@doc.illinois.gov	**Telephone number:**	(217) 558-2200, ext	

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Danville Correctional Center (DCC) was completed December 12-13, 2016. The standards used for this audit became effective August 20, 2012. When the auditor first arrived at the facility, an opening meeting was held with the Warden, the Assistant Warden, the Assistant Agency PREA Compliance Coordinator, PREA Compliance Manager, and several facility administrative staff, to explain the audit process. As part of the audit, a tour of the entire facility was completed. This was the second PREA Audit conducted at this facility. The first audit was completed in May 2016 and the facility was found to be in compliance with all standards. The auditor interviewed the Assistant PREA Compliance Manager to discuss the PREA Pre-Audit Questionnaire and the supportive documentation provided prior to the on-site visit.

Fifty-five inmates were interviewed of various ages and ethnic backgrounds. Of the inmates interviewed, there were four disabled and/or limited English proficient, two self-identified as transgender, one self-identified as gay, one self-identified as bisexual, and one inmate who alleged inmate on inmate sexual abuse, later recanted his statement and indicated that the sex was consensual. The files for those cases were reviewed and found to be completed in accordance with the standard and was unsubstantiated. In addition, four inmates were interviewed with limited English speaking (LEP) skills. All three stated that they had not received Spanish speaking handbooks, however further review, revealed the inmates did sign indicating they received handbooks during intake. The facility did reissue them handbooks in an effort to show good faith insuring the LEP inmates had what they needed as it related to the PREA.

A total of 32 staff were interviewed: 18 randomly selected staff (from all shifts-male and female), one volunteer, one contractor and 10 specialized staff. The specialized staff included the the Warden, the Assistant Warden, the Health Services Administrator, the PREA Compliance Manager, the Personnel Manager, the Assistant PREA Compliance Manager, an Investigator, the Special Housing Unit (SHU) supervisor, a Counselor, Facility Review Control Officer, Qualified Mental Health Professional, and Clinical Supervisor. Written answers to the interview questions were received from the Director, PREA Coordinator and Contract Administrator.

The auditor also inspected twenty-eight (28) PREA investigations, three substantiated, 23 unsubstantiated, and 2 unfounded. A review of the files indicated that the investigations were completed promptly, thoroughly, and objectively in accordance with standard.

The auditor concluded, through interviews and the examination of policy and documentation, that staff were knowledgeable concerning their responsibilities involving the PREA. Correctional and medical staff were able to quote policy in detail as to their specific duties if an allegation of sexual abuse/harassment would be made. The facility investigator was also knowledgeable as to the investigatory process, and would work closely with the State Police who conduct criminal investigations.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission statement and vision of the Illinois Department of Corrections is to protect the public from criminal offenders through a system of incarceration and supervision, which securely segregates offenders from society, assures offenders of their constitutional rights and maintains programs to enhance the success of offenders' re-entry into society. Danville Correctional Center mission statement encourages positive attitudes, programs and work opportunities for adult males incarcerated at the facility to promote a climate of safe and secure conditions for staff, inmates and the community.

The Danville Correctional Center (DCC) is one of twenty-nine correctional facilities in the Illinois Department of Corrections. The facility had an adult male inmate population of 1795 on the first day of the audit, and does not house females or youthful offenders (under 18 years of age). The DCC was activated in 1995, and is located in a rural area west of Danville, IL. The prison has undergone essentially no significant expansions, modifications, or upgrades since the initial construction.

The DCC had previously been accredited by the American Correctional Association, but that status had expired and the facility has not sought to get reaccredited. The facility had no camera monitoring system, but has requested funding from the IDOC to install this equipment. Inmates housed at the facility are classified as medium, which represents secure cells, controlled inmate movement, and direct inmate supervision by staff.

The institution has four general population and one Receiving/Discharge units, an in-patient medical wing and a Special Housing Unit (SHU). There are single/double bed housing (cell) configurations within the units. Inmates in need of special management considerations are housed in the unit that best suits their needs. Inmates at the DCC work in the kitchen, laundry, perform janitor duties throughout the entire facility, and perform other duties in support of institution operations. Other inmate programs/activities include several vocational training opportunities, adult secondary education, parenting skill development, prison industry, college correspondence courses, and several others. The DCC offers religious programs involving numerous faith groups, personal development programming, mental health counseling services, and has a program to help prepare inmates for release. Most of the inmates are eligible to participate in these program.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with executive/administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, and two standards was not applicable. The auditor had been provided with extensive and lengthy files prior to and during the audit for review to support a conclusion of compliance to the PREA. All staff interviews also supported compliance. The facility staff were found to be courteous, cooperative and professional. Staff morale appeared to be good, and the staff/inmate relationships were observed to be appropriate. All interviewed inmates stated that they felt safe at the facility. All areas of the prison were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the DCC staff for their hard work and dedication to the PREA compliance process.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The IDOC and the DCC complies with the standard with their policies and practice. Agency Directive (AD) 04.01.301, IDOC memorandums (memos) and corresponding local policy address this standard. The PREA plan requires zero tolerance to any abuse and all other requirements as is referenced by this standard, and is monitored by the DCC PREA manager (the Qualified Mental Health Professional who reports to the Warden) and Assistant PREA Manager (both interviewed by the auditor). The PREA Manager and Assistant PREA Manager stated they have sufficient time to complete their PREA assignments and responsibilities. The agency PREA Coordinator has also ensured compliance to this standard, with full support from the Director. Interviews with other staff and inmates confirm compliance to this standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The agency meets the mandates of this standard. A review of the documentation and an interview with the Assistant agency PREA Coordinator confirmed the IDOC requires other entities (the Safer Foundation) contracted with for the confinement of inmates to adopt and comply with the PREA standards. The state contractual agreements have been modified to incorporate the language requiring the contractor to adopt and comply with PREA standards.

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 01.02.103, Institution Directive (ID) 01.02.103, IDOC memos and corresponding local policy/procedures address this standard. The auditor was presented documentation that the Warden completes the required annual review of the posts and staffing plan. The staffing plan is based on a presumed population of 1800 inmates. More frequent reviews have been scheduled when necessary. The DCC has been provided all necessary resources to support the programs and procedures to ensure compliance with this standard. Overtime pay is used regularly to ensure full staffing on all shifts, and there has been no deviation from the staffing plan. An analysis of the staffing plan indicates an effective and comprehensive level of inmate supervision by staff, meeting the requirements of this standard. The level of staffing in inmate housing/activity areas is clearly sufficient for that normally found in a correctional environment. A camera system has been requested, and the PREA standards were reviewed to determine the placement of this equipment. Many areas of the facility have a secure observation area (similar to a Control Room) in which staff provide additional visual supervision. The auditor examined inmate access to phones, and observed limited routine inmate activity. A log book documenting unannounced rounds (visits to various areas of the facility) by mid-level management staff that cover all shifts was reviewed. Rounds are conducted in a manner that prevent other staff from being warned of these visits. Inmate/staff interviews, the staffing plan and physical layout of the facility supports compliance to this standard.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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Not Applicable - Danville CC does not house youthful offenders

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.03.104, AD 05.01.109, state law (Title 20 of the Administrative Code) and corresponding local policy/directives address all requirements of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff have received cross-gender pat search training. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained to conduct strip searches of transgender and intersex inmates in a respectful and professional manner, and may not conduct a search to determine their genital status. Each unit has individual shower stalls with curtains for privacy purposes. Inmates and staff stated inmates are allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Female staff are required to announce their presence when entering the male housing unit(s) or activity areas by stating "female on unit" or an equivalent phrase. This action was described during interviews with staff and inmates, and observed by the auditor. The facility is compliant with this standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 04.01.105, 04.01.111, 04.01.301, state law, and corresponding local policy/directives address the requirements of this standard. The DCC takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks explaining the PREA are in English and Spanish. The IDOC has a language line service available, and there are several bilingual staff to assist limited English proficient inmates in learning about the PREA. Staff interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. Staff and inmate (one disabled and one limited English proficient inmate) interviews confirmed compliance to this standard.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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ADs 01.02.107, 03.02.100, IDOC memos, and corresponding local policy/directives require compliance to this standard. The Personnel Manager was interviewed and stated that all components of this standard have been met. Through that interview, contact was made with the IDOC personnel office clarified several components of this standard. Employees cannot be hired if they have a history of involvement with sexual abuse. All employees, contractors and volunteers have had criminal background checks completed. Staff cannot be promoted if they have a history of any abuse. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant for employment is grounds for termination. The DCC makes a significant effort to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to hiring any staff.

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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Non-Applicable. There have been no significant upgrades to the facility and monitoring technology since August 20, 2012. However, the facility is currently in the process of requesting a video monitoring system.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 01.12.120, 01.12.112, 04.01.301, IDOC memos, and corresponding local policy/directives require compliance to all aspects of this standard. DCC investigators conduct administrative and the Illinois State Police (ISP) conduct criminal investigations. All investigators have been trained to conduct PREA compliant investigations. Specific actions and clinical decisions are required to determine if an inmate is to be transported to the local hospital to receive a SANE exam. The facility medical doctor may conduct a SANE exam. One SANE exam was conducted within the last year at the local hospital. The auditor interviewed medical staff involved in making the referral and local hospital services are available at no charge to the inmate. In addition, the facility has a MOU with the local rape crisis center to also provide confidential treatment services. The auditor discussed these services with the Rape Crisis Center Victim Advocate, who was very knowledgeable concerning available services. A review of documentation and staff interviews also confirmed compliance to this standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 01.12.120, 01.12.112, state law and corresponding local policy/directives require compliance to this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. The investigators were interviewed and found to be extremely knowledgeable concerning their responsibilities under the PREA. The facility investigators initiate all investigations. The ISP are responsible for all criminal cases and work closely with the facility investigators on administrative investigations. The auditor reviewed all 28 investigative packets and found that they were completed promptly, thoroughly, and objectively in accordance with standard.

Standard 115.31 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 04.01.301, 03.03.102, IDOC memos and corresponding local policy/directives address all training required by this standard. The DCC provides extensive PREA standards training at the state academy, of which all new correctional staff must attend and successfully complete (curriculum reviewed). All other staff are provided a similar training experience, relative to their PREA responsibilities, at the DCC. Changes to policy or updates are communicated to staff as needed. Annual refresher training is also provided to all employees. Staff acknowledge in writing their understanding of the PREA. The acknowledgment form lists all the required areas of the standard, relevant to their position. A review of the DCC training lesson plan demonstrates all the required areas are covered. All staff interviewed indicated that they received the required PREA training.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 and corresponding local policy/directives address this standard. All contractors and volunteers who have contact with inmates receive training as to their responsibilities concerning the PREA. The zero-tolerance policy, prevention, detection, reporting and responding requirements are covered in the training. Annual refresher training is provided, and all training is documented. Interviews with one volunteer and one contractor, and an examination of documentation, confirm compliance to this standard.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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AD 04.01.301, AD 05.07.101, the Offender Handbook, and corresponding local policy/directives address the requirements of this standard. Inmates receive information at the time of intake verbally and there is information found in the inmate handbook (given to inmates at the time of intake and also available in Spanish). There are posters throughout the facility, and a "hotline" phone number is posted in each housing unit which allows inmates to report any cases related to the PREA. Information is also provided daily on the DCC TV channel, which is the institution's internal information provider. Inmates sign an acknowledgement of having received this information at the time of intake. There is a language line available to inmates who are limited English proficient. There are procedures in place to assist disabled inmates in learning about the PREA (confirmed through an interview with a disabled inmate). The auditor reviewed a random sampling of Intake checklists to verify those inmates admitted during the auditing period received sexual assault/assault prevention & intervention education and relevant written materials. All inmates are required to acknowledge in writing that they completed PREA education. Staff and inmate interviews confirmed compliance to this standard.

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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AD 1.012.115 addresses this standard. Documents describing the required training relevant to this standard were reviewed by the auditor. Institution investigators have received extensive local, IDOC and State Police approved specialized training relevant to the PREA. These investigators have also received other training provided by other sources. An examination of the training records and staff interviews confirm completion of the required instruction, and compliance to this standard.

Standard 115.35 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 03.03.102, 04.01.301, 04.04.100 and corresponding local policy/directives address this standard. All medical and mental health staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Staff also receive refresher training annually and documentation of participation is on file. The auditor reviewed the training lesson plan and training sign-in sheets. Staff interviewed confirmed compliance to this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 04.01.301, 05.07.101, IDs 04.01.301, 05.07.101 and corresponding local policy/directives address the requirements of this standard. All inmates are assessed for their risk of being sexually abused and/or harassed by other inmates or being sexually abusive towards other inmates. A staff member screens all new arrivals within 72 hours with an objective screening instrument. They are almost always interviewed on the first day during intake. Staff reviews all relevant information from other facilities and sources, and continue to reassess an inmate's risk level within 30 days of his arrival, and especially if new information is received. Inmates cannot be disciplined for refusing to answer PREA related questions at the time of intake. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, as well as a review of documentation, support the finding that the facility is in compliance with this standard.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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AD 04.01.301, AD 04.03.104, IDOC memos, and corresponding local policy/directives address the mandates of this standard. IDOC policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education programming and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with staff and inmates support the finding that the facility is in compliance with this standard.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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AD 04.01.301, state law, and corresponding policy/directives address the mandates of this standard. The DCC has a Special Housing Unit (SHU) which is considered protective custody placement. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates would be reassessed every 30 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting the completion of an assessment. There were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. Staff interviews confirmed compliance to this standard.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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The Offender Handbook and corresponding local policy/directives address the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates and staff to report (to DCC and IDOC staff, or an outside agency) sexual abuse or sexual harassment. The facility does not house inmates solely for criminal immigration violations. The facility has procedures in place for staff to immediately document all allegations when advised of a PREA violation. There are posters and other documents on display throughout the facility (observed by auditor) which address PREA issues. The facility is compliant with this standard.

Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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AD 04.01.114, state law, and corresponding policy/directives address the mandates of this standard. Inmates may file a grievance; however, all allegations of sexual abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the formal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Inmates may file an emergency grievance at any time, and may seek assistance from others to file a grievance. All required response/reporting time limits concerning grievance processing are required by policy. There were no grievances filed involving any PREA related issue during the past 12 months. Staff interviews confirmed compliance with the standard.

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, ID 04.01.301 and the Orientation Manual address the requirement of this standard. There is a Memorandum of Understanding (MOU) being discussed with the local rape crisis center that serves the Danville IL. area. The auditor reviewed the local Victim Advocate assigned to cover the DCC. The document indicated that they had not previously entered into a MOU, but would be willing to provide the services (but they were not willing to sign a MOU. Inmates are allowed to contact the rape crisis center telephonically or by mail. The Victim Advocate stated that their organization would provide all services required under this standard, in a confidential manner. Documentation reviewed by the auditor also supports compliance to this standard. The John Howard Association acts as an anonymous reporting conduit between inmates and the IDOC. The facility enables reasonable communication between inmates and this organization in as confidential a manner as possible. Inmates are informed as part of their orientation process that all telephone calls are subject to monitoring and recording. Monitoring notices are also posted next to each telephone designated for offender use. The Offender Handbook outlines the steps on how to report and who to report to, and where to report, along with the PREA Report Line telephone number. No inmates housed in this facility are detained solely for civil immigration purposes.

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

A PREA pamphlet (available to inmates) covers the requirements of this standard. Third-parties are notified of reporting procedures on the IDOC website, volunteers/contractors are notified on their sign-in sheets, and inmate visitors by the posters in the visiting room. Staff interviews and an examination of documentation support compliance to this standard.

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, AD 03.02.108, ID 03.02.108, state law, and corresponding policy/directives address the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, neglect (which would cause a PREA violation) and retaliation relevant to PREA standards. All information is maintained confidentially. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, ID 04.01.301, and state law covers this standard. If an inmate is determined to be at imminent risk of sexual victimization, staff make the inmate safe (remove him from the area and keep him under constant supervision), and then consider a further appropriate response to resolve the issue. Supervisory staff is immediately notified. These procedures were verified through interviews with staff.

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 and ID 04.01.301 address the mandates of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. A local investigation must also be initiated. In the past 12 months, the facility received no allegations that an inmate was abused while confined at another facility. Staff interviews confirm compliance to this standard.

Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, 01.12.112 and ID 04.01.301 address the mandates of this standard. All staff interviewed were knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff interviewed indicated they would separate the inmates, secure the scene, would not allow inmates to destroy or contaminate any evidence, contact the lieutenant and advise medical staff. An inmate making an allegation was interview by the auditor, and confirmed all required responses (first responder) were made. A review of documentation also confirmed compliance to this standard.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 and ID 04.01.301 address the mandates of this standard. Documentation was reviewed by the auditor. The policy and checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative staff, in response to an incident of sexual abuse/harassment. The coordinated staff responses involving the allegations were found to be in compliance with this standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The collective bargaining agreements (reviewed by auditor) between the applicable unions and the DCC allows for the protection of victims from abusers, and complies with this standard. The Assistant PREA Coordinator was interviewed concerning this standard.

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301,03.01.310, and ID 04.01.301 address the mandates of this standard. The policy prohibits any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Assistant Warden (AW) is charged with monitoring retaliation. When interviewed, he stated he would follow up every 30 days to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the AW indicated he would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the past 12 months.

Standard 115.68 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

State law addresses the mandates of this standard. Interviews with staff, a review of documentation and an examination of the facility indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing (SHU). Staff consider separate housing of the victim/predator, to include transfer of the inmates to another prison. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement. If placed in this status, policy would require the inmate to be reviewed at least every 30 days.

Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 01.12.101, 01.12.120, state law memos and corresponding policy/directives address the mandates of this standard. The facility investigator conducts administrative investigations within the facility. If an allegation appears to be criminal in nature, the investigator will call upon the Illinois State Police to conduct the investigation. The facility investigator will provide assistance and support to the State Police for criminal investigations. All investigators have received special investigation training relevant to the PREA. There were 28 PREA investigations in the last year: 19 allegations of sexual harassment and 9 allegations of sexual abuse. A review of the files indicated that the investigations were completed promptly, thoroughly, and objectively in accordance with standard.

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 addresses the requirements of this standard. The evidence standard is a preponderance (51%) of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 04.01.301 and ID 01.12.120 address the mandates of this standard. There were nine investigations conducted within the last year requiring inmate notification per this standard. No investigation alleging abuse involved a complaint against a staff member, or was referred to the State Police for a criminal investigation. All inmates were notified (documentation reviewed by the auditor) of the outcome of the investigations. Staff interviews support the finding that the facility is in compliance with this standard. Two inmates who alleged being victims of sexual abuse were interviewed by the auditor, and stated they were advised of the outcome by an investigator.

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 03.02.108,03.10.310, 04.01.301, ID 04.01.301, and state law addresses the mandates of this standard. Staff are subject to disciplinary sanctions for violating DCC sexual abuse or sexual harassment policies. Such discipline would be subject to the requirements of this standard. There have been no reported cases of inmates engaging in sex with staff, and in the past 12 months, no staff members were disciplined, terminated or resigned (prior to termination) for a violation of PREA policy. No reports were made to any licensing board or law enforcement officials. Staff interviews confirm compliance to this standard.

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 03.01.310, 01.12.120 and 04.10.122 address the mandates of this standard. Policy complies with all required actions and reporting (advising licensing boards or law enforcement officials) concerning contractors and volunteers relevant to this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 05.12.103 and state law address the mandates of this standard. There was three (3) substantiated and twenty-three (23) unsubstantiated cases of inmate to inmate sexual abuse/sexual harassment investigated at the facility during the last year. There have been no cases of staff and inmates engaging in sex during the past 12 months, and no cases of other staff abuse. There were no criminal findings of guilt for inmate-on-inmate sexual abuse. Therapy services would be available for victims and abusers at the facility. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The DCC does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators support a finding that the facility is in compliance with this standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, ID 04.01.301 and state law outline the mandates of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, all inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Staff attempt to get a consent to release information from inmates before reporting prior victimization if necessary. Treatment services are offered without financial cost to the inmate. All information is handled confidentially, and interviews with other staff and inmates support a finding that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 04.01.301, 04.04.100, 04.04.101, ID 04.01.301 and corresponding local policy address the mandates of this standard. Information concerning treatment and access to care is offered immediately to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. All emergency decisions and care provided would be fully documented. Interviews with staff, and an inmate victim, support a finding that the facility is in compliance with this standard. Reviewed documentation also supports compliance to this standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 and ID 04.01.301 outlines the mandates of this standard. The DCC offers ongoing medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. Known inmate abusers are evaluated and treatment is offered. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard. Interviewed inmates stated they were aware of the ongoing services available under this standard.

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, ID 04.01.301 and corresponding local policy outline the mandates of this standard. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Nine incidents were reviewed within the last year. The facility investigator was interviewed and found to be very knowledgeable concerning his duties and responsibilities in providing information to the incident review team. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, other status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management. The sexual abuse incident review reporting form is completed as required. The facility is compliant with this standard.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 and state law addresses this standard. The IDOC collects accurate uniform data for every allegation of sexual abuse at all facilities by using a standardized instrument. The collection system allows the IDOC to submit the annual DOJ (Department of Justice) Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated. The requested additional installation of cameras is an example of corrective action.

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 and state law addresses this standard. The IDOC reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective actions. An annual report is published and signed by the Director.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 and state law addresses this standard. The PREA Coordinator reviews data (incident-based and aggregated) compiled by the facility PREA Manager and issues a report to the Director on an annual basis. The data is retained in a secure file (over 10 years) and what is disclosable is published on the IDOC web site. The report covers all data required by this standard.

AUDITOR CERTIFICATION

I certify that:

■ The contents of this report are accurate to the best of my knowledge.

■ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

■ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

James L. Roland, Jr. December 27, 2016

Auditor Signature Date