

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report March 13, 2018

Auditor Information

Name: Debra Dawson	Email: dddawsonprofessionalaudits@gmail.com
Company Name: Correctional Management & Communication Group	
Mailing Address: P.O Box 5825	City, State, Zip: Marianna, FL 32447
Telephone: 850-209-4878	Date of Facility Visit: February 6 -8, 2018

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		
Telephone (217) 558-2200	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.			
Agency Website with PREA Information: www.illinois.gov/idoc			

Agency Chief Executive Officer

Name: John Baldwin	Title: Acting Director
Email: john.baldwin@illinois.gov	Telephone: 217-588-2200

Agency-Wide PREA Coordinator

Name: Ryan Nottingham	Title: State PREA Coordinator
Email: ryan.nottingham@illinois.gov	Telephone: 217-558-2200

PREA Coordinator Reports to: Illinois Department of Corrections John Baldwin	Number of Compliance Managers who report to the PREA Coordinator 30
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Facility Information

Name of Facility:	Lawrence Correctional Center		
Physical Address:	10940 Lawrence Road Sumner, Illinois 62466		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	618-936-2406		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission:	To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.		
Facility Website with PREA Information:	www.illinois.gov.idoc		

Warden/Superintendent

Name: Kevin Kink	Title: Warden
Email: Kevin.Kink@illinois.gov	Telephone: 618-936-2064

Facility PREA Compliance Manager

Name: Daniel Downen	Title: Clinical Services Supervisor
Email: Daniel.Downen@doc.illinois.gov	Telephone: 618-936-2064

Facility Health Service Administrator

Name: Lorie Cunningham	Title: Health Care Unit Administrator
Email: Lorie.Cunningham@doc.illinois.gov	Telephone: 618-936-2064

Facility Characteristics

Designated Facility Capacity: 2400	Current Population of Facility: 1817
Number of inmates admitted to facility during the past 12 months	1207
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1180
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1187

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		169	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-91	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		2 years 19 days	
Facility security level/inmate custody levels:		Medium	
Number of staff currently employed by the facility who may have contact with inmates:		403	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		28	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		3	
Physical Plant			
Number of Buildings: 15		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		72	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Camera technology in various housing units, Towers, Health Care Unit. Monitoring capability is approved for Majors and above staff. The retention of video footage is seven days.			
Medical			
Type of Medical Facility:		Primary medical care and infirmary for long term care	
Forensic sexual assault medical exams are conducted at:		Good Samaritan Hospital in Vincennes, IL	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		30 Volunteers/ 59 Contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		3	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, 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 Lawrence Correctional Center (LCC) located at 10940 Lawrence Road, Sumner, Illinois 62466, was coordinated through a contract between Correctional Management and Communications Groups (CMCG) and the Illinois Department of Corrections. DOJ Certified PREA Auditor, Debra Dawson, as a contractor with CMCG, was assigned to conduct the PREA recertification audit. Mr. George Moffett, served as support staff during the audit. The PREA recertification on-site audit was conducted on February 6 – 8, 2018.

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 State PREA Coordinator. A USB flash drive was mailed to the Auditor by State PREA Coordinator. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation for each of the 43 standards.

Following the protocols, the notice announcing the Auditor on-site visit was posted throughout the facility and the Auditor begin reviewing the materials forwarded weeks prior to the on-site visit. The Auditor reviewed all information provide on the PAQ and discussed any questions and/or discrepancies noted. The facility responded within a timely manner to all inquiries made by the Auditor. The information from the standard files and the PAQ were used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures, the PREA Resource Audit Summary Report and other documents in advance to identify additional information required and could be collected prior and during the on-site visit. Information from the flash drive 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 43 standards were in place by policy and in practice by staff.

On Tuesday, February 6, 2018, at 7: 30 a.m., the PREA audit team arrived for the initial PREA site visit at LCC. An initial meeting took place in the Warden's 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, PREA Auditor support staff, George Moffett, Warden Kevin Kirk, Associate Warden Operations (O), Russ Goins, Associate Warden Program (P) Dee Dee Brookhart, Clinical Services Supervisor/PREA Compliance Manager Dan Downan, Internal Affairs Investigator Jeffrey Molenhour, and State PREA Coordinator, Ryan Nottingham. The Auditor explained the audit process, schedule and informed staff of the purpose of the site visit was to observe and observe all areas of the facility in order to verify compliance with the 43 PREA Standards.

The audit team was provided with a physical plant unit schematic for a pre-tour scheduling itinerary. The tour consisted of a visit to all 15 of the facilities buildings. Utilizing the PREA Compliance Audit Instrument – instructions for PREA audit tours, the following areas were observed: intake/reception; general housing; segregated housing; maintenance shops; unit; academic/vocational programs; law library; food service; laundry/supply; health services; mental health; general library; and all other locations on the grounds of the LCC. The instrument was also to ask used to ask recommended questions and the recording of the answers for use in deciding compliance in the standards. The Auditor observed and confirmed PREA information was made available and provided to all inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse was posted throughout the facility. During the tour of the facility, the Auditor observed logs that confirmed unannounced rounds are being conducted in all housing units and that programming areas are accessible to the inmate population. Unannounced rounds were noted as being conducted numerous times during a 24-hour period throughout the facility. Notices of the PREA audit were strategically posted in areas accessible to the staff and inmate population. The notices were documented as being posted on December 26, 2017. This was well in an excess of the required six-week notification.

The LCC has an authorized staff compliment 404 to include security and non- security staff. The staff complement for security staff is 320. There is currently a vacancy of 25 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. There are 84 non-security staff and the facility has a vacancy of 14 within this category.

The LCC uses resources from partner agencies to carry out various services through contracts. The medical staff is contracted through Wexford Health Care Services and has a staff complement of 55. Vocational staff is contracted through Lakeland College and consist of 4 staff. There are 59 contract workers and 30 volunteers.

The Auditor and support staff conducted interviews with security, non-security, specialized staff, volunteers and contractors. Twenty random staff and 22 specialized staff interviews were conducted.

The Auditor selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/contractor files. The personnel files were very well organized. No staff is hired or allowed entrance until a thorough background check is completed. The training records were comprehensive and included written documentation that staff, contractors, and volunteers received the required PREA training. The Auditors also reviewed signatures of staff on training forms acknowledging they understood the PREA training received.

The Auditor selected and examined a sampling of inmate files and observed signed documentation of inmates acknowledging receiving PREA education, as well as documentation of risk screenings

Security staff selected for interviews were from each of the three shifts. Staff interviewed included random and specialized staff including: Captains; Lieutenants; Sergeants; Majors; Correctional Officers; Segregation Supervisor; Intake Officer; educational staff; program staff; administrative staff intermediate/higher-level staff (unannounced rounds staff); outside support advocacy group; incident review team member; staff who perform inmate screening; Agency Contract Administrator; Agency Head/Designee; State PREA Coordinator; health care staff; mental health staff; human resource manager; SANE nurse; staff who perform screening for risk of victimization; volunteer; staff who perform first responder duties; contractors; staff who monitor retaliation; and contract staff.

Sampling techniques for interviews with inmates included randomly selecting inmates from each housing unit by the selection of bed assignments throughout every housing unit. Forty-one random inmates and the selection of 19 targeted inmates for interviews. The following targeted groups of inmates were interviewed: one inmate with limited mobility; one inmate who was blind; one inmate who was deaf; three inmates who identified as transgender; two inmates who identified as gay; seven inmates who reported sexual abuse/sexual harassment; and four inmates who reported sexual victimization during risk screening. Therefore, a total of 60 inmates were formally interviewed. The Auditor conducted 20 informal interviews with the inmate population during the various tours while questioning inmates on their knowledge and understanding of PREA standards. All inmates 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 of 83 allegations of sexual abuse and/or sexual harassment reported at LCC during the past 12 months for investigation. There were 53 allegations involving staff on inmate and 29 allegations reported involving inmate-on-inmate. Specifically, there were three staff on inmate non-consensual sexual acts reported with two determined as unsubstantiated and one unfounded. There were eight allegations of staff on inmate abusive contact reported with seven determined unsubstantiated and one unfounded. There were 43 staff on inmate sexual harassment reported with 34 determined as unsubstantiated, six unfounded, and three remained pending at the time of the site audit.

There were 29 allegations involving inmate on inmates. There were no inmate-on-inmate non-censual sexual acts reported during the past 12 months. There were four inmate-on-inmate abusive contact with one determined as substantiated, two unsubstantiated, and one unfounded. There were 25 inmate-on-inmate allegations for sexual harassment with two determined as substantiated, 20 unsubstantiated, and three unfounded.

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.

LCC is located in southeastern Illinois at 10940 Lawrence Road, in Sumner, IL. The facility is a medium security adult male prison operated by the Illinois Department of Corrections. The prison was opened in November 2001 and has an operational capacity of 2,458 inmates. The facility consists of 16 buildings, which comprise more than 364,000 square feet. The warehouse, mailroom, vehicle maintenance and maintenance departments are located outside of the perimeter fence, which assists in the safety and security of the facility. LCC consists of approximately 56 acres on a 160-acre site.

The mission of the Illinois Department of Corrections is to serve justice and increase public safety by promoting positive change in offender behavior, by operating successful reentry programs and reducing victimization. The LCC operates three vocational programs in meeting the mission of the Department. The vocational programs are commercial custodial, career techniques, and culinary arts. Other programs and activities available to the inmate population include recreational activities, leisure and legal library access, personal development programming, and various religious faith programs. The facility is American Disabilities Act (ADA) approved and houses several inmates with physical disabilities.

The facility has eight housing units. These housing units are T-design with a segregation unit and health care unit. Each is multiple occupancy cell housing units. However, some inmates are assigned to single cells. The housing units are equally divided on the north and south side of the compound. Housing units 1, 2, 3, and 4 are on the north side of the secured compound. Housing units 5, 6, 7, and 8 are on the south side of the secured compound. One kitchen provides meals for both the north and south side compounds and the inmates reported to their designated north or south dining hall for meals. A segregation unit serves as placement for inmates in need of special management housing and monitoring. Five Tower Officers provide the first line of defense for the facility. An inner Tower Officer provides armed security during all inmate movement throughout the compound.

The health care unit provides medical care and dental care to the inmate population. A small in-patient medical wing is located in the medical department for inmates in need of long term care. Mental Health programs are offered which includes individual and group counseling.

Upon approval, inmates are assigned to work in various areas throughout the facility to include kitchen, commissary, laundry, and perform janitor services throughout the facility.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

At the completion of the on-site visit on February 8, 2018, an “out-briefing” meeting was held. In addition to the PREA audit team, those in attendance were the Warden, Associate Warden (O), Associate Warden (P), Agency PREA Coordinator, PREA Compliance, and Investigative Staff. At the conclusion of the audit process, the facility was determined to be compliance with each of the 43 PREA standards.

Number of Standards Exceeded: 0

Number of Standards Met: **43**

115.11; 115.12; 115.13; 115.14; 115.15;115.16; 115.17; 115.18; 115.21; 115.22; 115.31;115.32;
115.33; 115.34;115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62;
115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78;
115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

Number of Standards Not Met: **0**

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Summary of Corrective Action (if any)

None

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

In accordance with the review of IDOC Policies Administrative Directive (A.D.) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Institution Directive (I.D.) 04.01.301, Offender Sexual Assault-Prevention and Interview, IDOC memorandums, and the facility organizational chart it was confirmed by the Auditor that Lawrence Correctional Center (LCC) 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 inmates with sanctions for those found to have participated in these prohibited behaviors.

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 inmates. 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 Auditor strategically located and accessible throughout the facility for staff and inmate awareness.

The Agency PREA Coordinator is a position assigned by the IDOC Acting 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 LCC is one of several facilities managed by IDOC. During an interview with the Agency PREA Coordinator, he explained he is assigned to monitor all 30 IDOC facilities. He further stated, 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 regarding 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 network 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 LCC organizational chart revealed the assigned PREA Compliance Manager is the Clinical Services Supervisor and a Major is assigned as the backup PREA Compliance Manager. An updated designation listing the assigned PREA Compliance Manager and backup PREA Compliance Manager was forward to all staff on December 13, 2017. 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 Warden to report any and all PREA issues.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) 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*)

In accordance with the review of State of Illinois Standard Contract for Confinement of Inmates, 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 in the first cycle and are scheduled for the second audit cycle.

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

In accordance with the review of the LCC 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; Monthly Security Headcount Report; Staffing Level Review for PREA; Security Headcount Report; Log Book Entries and interviews it was determined by the auditor that LCC and the agency has policies and procedures to confirm LCC 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 inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, LCC 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 inmates 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 Warden, he confirmed the facility has a staffing plan that provides an adequate staffing level to protect inmates against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. During interviews with the Warden, Assistant Warden, and Investigative Staff, it was confirmed that although the

facility currently has available cameras for monitoring, the facility is in the developmental stages of adding additional cameras to ensure the further protection of inmates from sexual abuse. The department uses these cameras to increase supervision and to combat the blind spots within the physical nature of the facilities.

In interview with the PREA Coordinator and the Warden as well as documentation revealed the staffing plan is reviewed annually. Additionally, at the Agency level a staffing assessment for each facility is conducted 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 Chief Administrative Officer 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 schedules 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 Assistant Warden (O) daily for compliance with this element. There was no deviation from the Staffing Plan implemented during the past 12 months. During interviews with the Warden and Assistant Warden (O), 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 LCC 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. Majors and above supervisory staff sign the log books in red ink.

In accordance with a memorandum submitted by the Warden, any staff member alerting another staff member that these unannounced rounds are occurring will be subject to appropriate disciplinary action. The practice of conducting unannounced rounds and the violation of staff advising others of such rounds was confirmed during interviews with the Warden and intermediate level supervisory staff.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The LCC does not house youthful offenders. However, policy and procedures are dictated within the agency that meets the mandate of this standard. Specifically, in accordance with the Illinois Unified Code of Corrections Section 5-8-6 Place of Confinement [730 ILCS 5/5-8-6] was amended by Public

Act 99-628 with an effective date of January 1, 2017. Subsection (c) provides: © All offenders under 18 years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. The provision of Section 3-3-3 shall be a part of such commitment as fully as though written in the order of commitment. The place of confinement for sentences imposed before the effective date of this amendatory Act of the 99th General Assembly are not affected or abated by this amendatory Act of the 99th General Assembly.

As of January 1, 2017, newly sentenced offenders 17 years old are to be admitted into the penitentiary system at an IDJJ facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7(e) after becoming the age of 18. The IDOC Reception and Classification Center does not accept offenders under the age of 18. Committing counties shall be directed to contract IDJJ for instructions as to which IDJJ facility an offender under the age of 18 is transported to by the Sheriff

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their

breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 LCC meets the mandate of this standard.

The LCC 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 inmates, and proper guidance of conducting visual body cavity searches. Policy requires staff of the opposite gender to announce their presence when entering inmates’ 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 unit, there were six (6) individual showers in each of the three (3) wings within the eight housing units. Three (3) showers are located on the lower and upper levels each. The center shower on each level has a full-length door while the other two showers have a $\frac{3}{4}$ covering serving as a door barrier. Although the transgender offenders are provided the opportunity of privacy when taking showers due to the shower doors, they are also provided an opportunity to shower outside normal shower time when other offenders are required to be secured in their cells for increased privacy.

The facility obtained a video titled “Guidance on Cross-gender and Transgender Pat Searches.” This video is shared with staff during annual cycle training, security staff Roll Call, and on a regular basis in the breakroom for staff re-familiarization. Staff confirmed those conducting cross-gender pat down searches or searches of transgender and intersex inmates, 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 LCC.

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

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

115.16 (a)

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

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 Offender Handbook; observation of PREA posters and Hotline Number Posting, it was confirmed by the Auditor that LCC meets the mandate of this standard. Specifically, it was determined the agency and LCC take appropriate steps to ensure inmates with disabilities (including inmates 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. The Auditor conducted an interview with an inmate identified as blind. The interview was conducted with services by the Center

for Sight and Hearing. Two inmates with limited English proficient were interviewed by the Auditor. Although the inmates were limited in their English ability, they were able to communicate effectively with the Auditor and stated the facility provides them with lecture they can understand. They were aware of how to report allegations of sexual abuse and/or sexual harassment if needed. Additionally, during an interview with the Acting Director, and Warden, each confirmed AD 04.01.111 ADA Accommodations and Propio Language Service Contract are provided to the inmate population. All orientation/educational materials are available in Spanish and English. In addition, orientation is available via video with the use of American Sign Language and Spanish. A random selection of documentation was reviewed by the Auditor that confirmed offenders' receipt of PREA training material with their signatures. Inmates requiring the use of wheelchairs were housed on the lower level of the housing units and cells with wheelchair accessibility.

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. In addition, an interview with the PREA Compliance Manager revealed that the Facility ADA Coordinator consults with the facility's operational and administrative staff as necessary, to ensure that ADA disability accommodations are feasible. Inmates may submit a DOC 0286 (Offender Request) for ADA disability accommodations. Inmates 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 inmates at LCC are provided with information regarding ADA disability accommodations. Offenders have access to auxiliary aids such as visual aids, written materials, closed caption TV, assistive listening systems if needed and teletypewriter equipment to assist with conversions of spoken conversation to text or text to audible conversations. If required, inmates 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 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 Human Resource Manager (HRM), Warden, and PREA Compliance Manager, it was determined by the Auditor that LCC 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.

The Auditor reviewed 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 HRM, she confirmed applicants receive applications via the internet and the background investigations are conducted by the Background Investigation Unit in Springfield, IL. She 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. Additionally, the HRM 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.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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During an interview with the Warden he confirmed there has not been a substantial expansion or modification to LCC since the last PREA audit in January 2016. However, he did confirm the facility has added 38 cameras to their existing video monitoring capabilities to enhance security, safety for offenders 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 Acting 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 inmates 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 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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 meets the mandate of this standard. Policies and procedures require all investigations conducted within any LCC 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 the full time trained investigative staff at the facility. 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 LCC victims of sexual assault, are provided by Carle Clinic, Urbana, IL and/or Good Samaritan, Vincennes, IL. During an interview with the SANE Practitioner at Carla Clinic, she stated the hospital maintain an on-call roster for instances in where the qualified staff member is not on duty during the need. However, LCC policy allows for qualified medical practitioner to perform the forensic medical examination. One offender received a forensic examination during the past 12 months which was determined to be negative for sexual abuse.

The LCC successfully obtained an agreement with Legal/Medial Advocate (Counseling and Information for Sexual Assault/Abuse) for counseling and information for sexual assault/abuse to serve as a victim advocate. Qualified Mental Health Professionals are available to provide victim advocacy services to inmates at the facility. Informational pamphlets are provided to the inmate population identifying the available services.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 LCC meets the mandate of this standard. The responsibilities of both entities are clearly stated in the Memorandum of Understanding, Specifically, the facilities will conduct investigations involving inmate-on-inmate and inmate-on-staff sexual assault unless these 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. Administrative investigations are completed on all allegations of sexual abuse/sexual harassment. Criminal investigations are conducted when there is substantial evidence to support that a criminal act has taken place. 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 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.

During an interview with the Acting Director, Warden and investigative staff, 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 115.31: Employee training

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

115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

In accordance with a review of AD 03.03.102, Employee Training; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; 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 LCC meets the mandate of this standard. PREA training is included doing staff initial training at the Training Academy. Additionally, all staff are required to receive PREA training during the Annual Cycle Training. 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 sign-in sheets, staff interviews and other related documentation that was provided to

the Auditor. 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.

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 LCC 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.

LCC is designated as an adult male correctional facility. Training is tailored to the gender of the male inmate population. During an interview with the HRM, she stated no staff has transferred from a female facility to LCC. However, upon the transfer of staff from a female correctional facility, they are required to complete training tailored to the male inmate population at LCC.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 Checklist and Wexford Health Sources Incorporated PREA Training, meets the mandate of this standard. Thirty volunteers and 59 contract workers are employed at LCC. A sample review of PREA training documentation for contractors and volunteers support PREA training was completed and documented. A review of the training curriculum supports volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The Auditor reviewed the training curriculum and training records for a sampling of contractors and volunteers. The documentation indicated their receipt and understanding of the zero-tolerance policy. During an interview with the Health Care Unit Administrator, she shared with the Auditor, binders of annual PREA training completed by staff within her department. Contractors are also required to complete mandatory PREA training annually that is conducted by LCC. The agency's Chaplain provides PREA to the 30 volunteers. Three contractors (mental health, health care, and vocational instructor) and one volunteer (volunteer Chaplain) were interviewed during the site visit and each confirmed receipt of PREA and was aware of the agency's zero-tolerance policy.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 inmates to write concerning any sexual abuse or sexual harassment allegation. A language line is available for Limited English Proficient inmates. This Auditor reviewed a random sampling of A&O Checklists to verify those inmates admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. Inmates were interviewed to include a sampling of random as well as targeted groups with positive results of their program knowledge and awareness. Signed documentation completed by the inmates were noted in the inmates' files that verified their completion of PREA education.

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 meet the mandates of this standard. Upon an inmate's arrival at LCC, informational PREA posters are accessible for viewing by the inmate population in the In-take area. These posters provide information of the facility's zero tolerance policy for sexual abuse and sexual harassment. They advise the inmate on how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. Inmates receive and sign for a copy of the LCC Offender Orientation Manual. This manual provides each inmate 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 inmate, 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. Inmates were interviewed to include a sampling of random, targeted group of inmates and those selected for 75 inmates selected for informal interviews confirmed their receipt, knowledge and awareness of PREA. Signed documentation of inmates' PREA training was made available to the Auditor. This information is maintained in the inmates' files in the Records Office. The Orientation Manual also advises the inmate population that if the inmate does not feel comfortable reporting to the facility, they may write IDOC with Attention: PREA while providing the address. The PREA Report Line 1-(217) 558-4013 is stenciled on the walls by the inmates' telephone for easy access. The inmate's ability to make these calls were confirmed at the request of the Auditor for an inmate to conduct a test call

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 01.12.115, Institutional Investigative Assignments; documentation of investigator’s training records and interviews with facilities investigators’, it was determined by the Auditor that LCC meets the mandate of this standard. The 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 completed by the investigators. 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.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, page 24, Specialized Training; Medical and Mental Health Care Training documentation; IDOC PREA In-Service Logs; "What Health Care and Mental Health Providers Need to Know Quiz; it was determined by the Auditor that LCC meets the mandate of this standard. The Health Care and Mental Health Providers are contracted through the Wexford Health Services Incorporated. All Health Care and Mental Health Providers are required to receive specialized training through the Illinois Department of Corrections. During an interview with the Health Care Administrator, she provided the Auditor with documented confirmation of Sexual Assault Evidence Collection Kit and Annual PREA Training. Mental Health Providers documentation of training was provided by the Records Department. LCC has an agreement with Good Samaritan Hospital and Carla Hospital to conduct forensic medical examinations. SANE/SAFE Practitioners are on duty 24/7.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 inmates, it was determined by the Auditor that LCC meets the mandate of this standard. An initial intake screening of all newly arriving IDOC inmates 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 IDCO policies and procedures. A review of a random selection of inmates completed DOC 0494, and interviews with staff and inmates confirmed the inmate population was assessed during intake screening for their risk of being sexually abused by other inmates and/or for being sexually abusive toward other inmates through utilization of a screening tool. Inmates are ordinarily screened at LCC by Mental Health staff during the in-take process and the follow-up risk screening is conducted by the counselor within 30 days. LCC 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 ensure that sensitive information is not exploited to the inmate's detriment that includes investigative, medical and mental health staff. The inmates' files are securely stored and controlled by assigned staff.

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

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

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

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? 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; 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 placement staff, in-take staff, transgender offenders, and Warden, it was determined by this Auditor that LCC meets the mandate of this standard.

Offenders reporting to LCC are assigned to C-Wing in Unit 1 housing, which has been designated as the Orientation Unit upon their arrival. Placement staff is designated to assign cell and bed assignment to all incoming inmates at this time. However, needed changes are referred by the in-take staff during in-take screening. During an interview with Placement Staff, she confirmed staff carefully review the pre-arrival documentation of each inmate prior to their arrival and ensure those inmates identified at high

risk of being sexually victimized are housed separately from those at high risk of being sexually abusive. Each category of these inmates are placed in single cells.

The DOC 0494, Screening for Potential Sexual Victimization for Sexual Abuse, includes at a minimum, the criteria to assess inmates 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, bed assignment, work assignment, education and other program assignment with the goal of protecting potential victims of sexual abuse/sexual harassment from those who are at risk of being potential sexually abusive inmates. The determination of inmate housing is made on a case-by-case basis and at no time are inmates placed in designated housing based solely on their sexual identification or status.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Protective Custody; Title 20 Illinois Administrative Code; interviews with the Warden and Segregation Supervisor, it was determined by the Auditor that LCC meets the mandate of this standard. The LCC has a total of 72 administrative disciplinary cells. However, there were no inmates placed in involuntary housing during the past 12 months because of being a high risk of sexual victimization. However, inmates in segregated housing are allowed to participate in ongoing education program (HISSET), and have access to programs,

privileges, and work opportunities to the extent possible while maintaining security within the unit. All inmates placed in segregation are reassessed every 30 days after placement.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assault-Prevention; PREA Posters; LCC Offender Orientation Manual MOU Between IDOC and John Howard Association; DOC 0286, Offender Request Form; DOC 0387, Mental Health Services Referral, ADA and PREA Hotline, it was determined by the Auditor that LCC meets the mandate of this standard. A review of documentation and interviews with staff and inmates confirmed the agency has multiple ways for offenders to report sexual abuse and/or sexual harassment to include verbally, in writing, privately, via third-party reporting and anonymously. Upon the inmates’ arrival at LCC, he receives and signs for a copy of the LCC Offender Orientation Manual. This manual provides each inmate with information explaining the agency's 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 inmate not feel comfortable reporting to the facility, 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 inmate’s telephone for easy access. The inmates’ ability to complete calls to the PREA Hotline were confirmed at the request of the Auditor for an inmate to conduct a test call. Inmates and staff were also familiar with the John Howard Association that serves as a private entity for the inmates 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 read by staff at the correctional facility. Inmates are not detained solely for the civil immigration purposes at LCC.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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, it was determined by the Auditor that LCC meets the mandate of this standard. Inmates are allowed to submit a grievance regarding an allegation of sexual abuse without any time limits and elected to submit 18 grievances regarding PREA allegations. Inmates are not required to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. An inmate 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 offender is subject to a substantial risk of imminent sexual abuse. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, may assist inmates 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 inmate. If the inmate declines to have the request processed on her behalf, LCC will document the inmate's decision.

The agency's PREA Sexual Abuse and Harassment Prevention and Intervention Program Manuel, identify that the agency may discipline an inmate for filing a grievance related to an alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. Documentation was provided to the Auditor revealing there were 3 instances in which offenders received discipline for filing grievances in bad faith. A total of 18 grievances were filed in the past 12 months in relation to allegations of sexual abuse/sexual harassment. The final decision of these grievances was reached within 90 days after being filed, with the requirement of no extensions.

Based on random interviews with inmates, and utilization of inmates' usage of the process, it is determined that inmates are aware of their ability to file a grievance to report an allegation of sexual abuse or sexual harassment. This method is documented in the LCC Offender Orientation Manual.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with ID 04.01.301 Offender Sexual Assaults-Prevention and Invention (Attachment B); LCC Offender Orientation Manuel (English and Spanish); an MOU with an outside support group CAISA (Counseling and Information for Sexual Assault/Abuse); inmates' access to the John Howard Association who acts as an anonymous reporting conduit between the inmates and IDOC, it is determined LCC meets the mandate of this standard. Specifically, the Counseling and Information for Sexual Assault/Abuse serves as a Community Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the inmates and these organizations in as confidential manner as possible. Although the PREA Hotline number is stenciled on walls in the inmates' housing unit, inmates are advised that the calls are monitored. 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 Offender Orientation Manuel.

During inmate interviews, they were aware of the John Howard Association, but were not aware of the Counseling and Information for Sexual Assault/Abuse due to not having utilized the services. There are no inmates housed at LCC who are detained solely for civil immigration.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with available methods of services provided by LCC to include: PREA Handout Pamphlets; John Howard Association of Illinois <http://www.thejha.org/>; PREA Hotline on the DOC Website: <https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx>. LCC meets the mandates of this standard. During interviews with staff and inmates, each was knowledgeable of third party reporting opportunities.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 03.02.108, Standards of Conduct; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and Title 20 Illinois Administrative Code, Rules of Conduct it is determined by the Auditor that LCC meets the mandate of this standard. During interviews with random staff, a volunteer, and two contract workers, each were knowledgeable of their responsibility to immediately report all allegations of sexual abuse and/or sexual harassment and acts of retaliation in regard to PREA standards to their supervisor, higher ranking staff, or Internal Affairs. Each also stated they would document in writing any knowledge, suspicion or information regarding such actions prior to the end of their shift.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 LCC meets the mandate of this standard. All staff interviewed were knowledgeable of their responsibility and duties upon becoming aware of an inmate being an imminent risk of being sexually abuse or sexually harassed. All staff reported they would immediately remove the inmate 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 inmate(s) to destroy possible evidence by showering, brushing teeth, use of the restroom, change clothes, etc. and contact their supervisor who would contact medical and mental health. There was 1 occasion within the past 12 months of the audit process in where staff was advised of the sexual abuse allegation within the 72-hour time frame. The inmate was escorted for a forensic medical examination. The investigation was determined to be unfounded.

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with 04.01.301, Offender Sexual Assaults-Prevention and Intervention; AD 04.1.301, Sexual Abuse and Harassment Prevention and Intervention Program; interviews with the Warden, and Internal Affairs Investigator; it was determined LCC meets the mandate of this standard. Policy require any allegation by an inmate of sexual abuse, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received two allegations from other facilities of alleged previous incidents involving sexual abuse/sexual harassment allegations while at LCC. A review of the investigative files, determined the investigations were conducted in accordance with the PREA standards by LCC Internal Affairs. There were no inmates who reported to LCC in the past 12 months who reported allegations of sexual abuse/sexual harassment occurring at other correctional facilities upon their arrival at LCC.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 LCC 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 inmates, secure the area identified and advise the offender to not destroy any evidence such as not brushing teeth, showering, using toilet, and changing clothes. They continued in stating the inmate would be referred to medical and psychology staff. One staff member served as a first responder to an allegation in which an inmate alleged sexual abuse within 72 hours of the alleged occurrence. During an interview with an investigative staff and the first responding staff, the proper protocols were followed. However, the findings of the investigation were determined to be unfounded.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01, Offender Sexual Assaults-Prevention and Intervention it was determined by Auditor that LCC meets the mandate of this standard. Specifically, policy provide detailed guidance to employees

regarding the expected coordinated actions to take in place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigations, and facility leadership. During interviews with staff, each confirmed they were knowledgeable regarding their responsibilities in the coordinated response process.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 Auditor reviewed a copy of the Agreement, signed October 25, 2015, between Director of Teamsters Downstate Illinois State Employee Negotiating Committee and Director of Department of Central Management Services. Agreement made and entered into this 1st day of July 2015, by and between the Departments of Central Management Services, IDOC (hereinafter called the "Employer") and the Teamsters Downstate Illinois State Employee Negotiating Committee (hereinafter called the "Union") and their successors and assigns on behalf of employees in the collective bargaining unit. The

agency and LCC meets the mandate of this standard. Specifically, subject to the provisions of this Agreement and P.A. 83-1012 the management of the operations of the Employer, the determination of its policies, budget, and operations, the manner of exercise of its statutory functions and the direction of its working forces, including, but not limited to, the right to hire, promote, demote, transfer, allocate, assign and direct employees; to discipline, suspend and discharge for just cause; to relieve employees from duty because of lack of work or other legitimate reasons; to make and enforce reasonable rules of conduct and regulations; to determine the departments, divisions and sections and work to be performed therein; to determine quality; to determine the number of hours of work and shifts per workweek, if any; to establish and change work schedules and assignments, the right to introduce new methods of operations, to eliminate, relocate, transfer or subcontract work and to maintain efficiency in the department is vested exclusively in the Employer provided the exercise of such rights by management does not conflict with the provisions of this Agreement.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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 an interview with the Acting Director, and Warden, the department has the tools of conducting investigations, 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 inmates to include retaliatory actions, which are then investigated by the department. Support services are provided throughout the facility by qualified mental health and local community providers as necessary. Inmates and staff reporting such allegations are monitored for retaliation for a period of no less than 90 days and longer if necessary.

During an interview with staff assigned to monitor staff and offender retaliation, he confirmed 16 staff and 16 offenders were monitored for retaliation during the past 12 months. A review of the files supported documentation of monitoring.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 04.01.30, Sexual Abuse and Harassment Prevention and Intervention Program; Title 20 Illinois Administrative Code; DR 501d 1994 5; Protective Custody; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; Sexual Abuse and Harassment Prevention and Intervention Manual; interviews with Warden and Supervisor of Segregation, it was determined by the Auditor that LCC meets the mandate of this standard. Inmates who are identified as vulnerable shall not be housed in segregation for the sole purpose of providing protective custody unless no other means of separation can be arranged. During interviews with the Warden and Supervisor of Segregation, each confirmed there has not been any inmate placed in segregated housing due to being identified as vulnerable or in order to provide protection for an inmate who has alleged to have suffered sexual abuse. The alleged abuser would be placed in segregated housing.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

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, Internal Investigation; interviews with Warden, investigative staff, and IDOC Agency PREA Coordinator, it is determined by this Auditor LCC is in compliance with this standard. LCC promptly conduct thorough and objective investigations of sexual abuse and sexual harassment, to include those reported by third-party and/or anonymously. Interviews with 2 investigators and review of the 3 investigators' training documentation confirmed each received the required special training to conduct sexual abuse allegations. The 2 investigators interviewed clearly articulated to the Auditor their 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. The facility 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 is not determined by the person's status as offender or staff. During an interview with the investigative staff, they 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. If a staff member alleged to have committed

sexual abuse terminates employment prior to the completion of a sexual abuse investigation terminate employment, or if an alleged victim or an abusive depart the facility prior to the completion of the investigation, the investigation is continued throughout completion of findings. During interviews with the Warden and IDOC State PREA Coordinator each confirmed an outside agency will provide confidential updates through our agency. This information will be shared with identified agency specialized trained staff.

There were of 83 allegations of sexual abuse and/or sexual harassment reported at LCC during the past 12 months for investigation. There were 53 allegations involving staff on inmate and 29 allegations reported involving offender on offender. Specifically, there were three staff on offender non-consensual sexual act reported with two determined as unsubstantiated and one unfounded. There were eight allegations of staff-offender abusive contact reported with seven determined unsubstantiated and one unfounded. There were 43 staff on offender sexual harassment reported with 34 determined as unsubstantiated, six unfounded, and three remained pending at the time of the audit.

There were 29 allegations involving offender on offender. There were no offender-on-offender non-consensual sexual acts reported during the past 12 months. There were four inmate-on-inmate abusive contacts with one determined as substantiated, two unsubstantiated, and one unfounded. There were 25 offender-on-offender allegations for sexual harassment with two determined as substantiated, 20 unsubstantiated, and three unfounded.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Investigation 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

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 Program; Memorandum submitted by the Chief Investigations and Intelligence and interviews with Investigative Staff, it was determined by the Auditor that LCC 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 was confirmed during interviews with the investigators.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the 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 inmate's unit? Yes No
- Following an inmate'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 an inmate'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 an inmate'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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 REA Investigation Findings Memorandum; and interview with investigative staff, it was determined by the Auditor that LCC meets the mandate of this standard. The agency has a policy that require any inmate 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. A review of documentation revealed the inmate's signature was noted on the Victim Notification Form as being notified and/or staff documented the inmate as refusing to sign the form.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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; PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; interviews with HRM, investigative staff, and Warden, it was determined by the Auditor that LCC meets the mandate of this standard. 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 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. There were no incidents of staff terminated, resignation during investigation and/or reported to licensing bodies due to allegations of sexual abuse/sexual harassment during the past 12 months at LCC.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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 LCC meets the mandate of this standard. Contractors and Volunteers who engage in sexual abuse are prohibited from contact with inmates and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity is clearly not criminal. The facility would take the appropriate remedial measures and consider prohibiting further contact with inmates. During an interview with the Warden, he confirmed these measures.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 and the Offender Handbook it was determined that LCC meets the mandate of this standard. The Agency may discipline an inmate for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. Inmates are determined to be guilty of an administrative or criminal finding that 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 inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling,

and/or other interventions which are designed to address and correct underlying reasons or motivations for the abuse. Sexual activity between inmates is prohibited by the Agency and inmates receive discipline for such actions. The Agency does not find consensual sex between inmates to constitute sexual abuse.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 DOC 0372, Mental Health Screening Form and PREA Checklist and Authorization for Release of Offender Mental Health of Substance Abuse Treatment Information Form; 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, it was determined that LCC meets the mandate of this standard. During interviews with mental health and health care staff, it was confirmed, that screening for prior victimization is conducted by mental health practitioners during the in-take screening process. If the screening indicates an inmate experienced prior sexual victimization, staff ensures the inmate is offered a follow-up meeting with a health care and mental health practitioner, within 14 days or sooner. However, these follow-up mental health meetings routinely are held within 72 hours after the in-take screening process. The information related to sexual abusiveness and/or sexual victimization is limited to health care, mental health practitioners and other staff on a need-to-know basis for security, treatment plans, program assignments, housing, work, and management decisions. LCC does not house youthful offenders under the age of 18 years old.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Victim Advocacy, & Community Support Services for PREA Victims, and interviews with Medical and Mental Health staff, LCC meets the mandate of this standard. Wexford Health Sources Incorporated provides contract services for medical and mental health services at LCC. LCC has policies and procedures in place to offer medical and mental health evaluation and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 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. These services are provided to victims consistent with the community level of care.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

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; review of documentation; interviews with the Health Care Administrator and mental health practitioner is determined that LCC meets the mandate of this standard. The facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse at the facility. This evaluation treatment of such victims includes an appropriate evaluation, treatment, and follow-up services. The mental health and health care services are available to the inmate consistent with the community level of care. Inmate victims of sexual abuse are offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim identify his assailant or cooperate with any investigative that may arise from the incident. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning of the abuse history.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; review of Memorandum dated August 20, 2012, implementation of Sexual Abuse Incident Reviews by the Director, and review of facility Incident Review Report documentation, it is determined that LCC meets the mandate of this standard. The Warden has designated the PREA Compliance Manager, Backup Compliance Manager, Internal Affairs staff, Health Care Administrator, Associate Warden (P) Chaplain, Mental Health Practitioner, and Supervisor assigned to Monitor Retaliation to serve on the Incident Review Team. A review of Incident Review Team documentation confirms the team meets every 30 days to review completed investigative reports of sexual abuse allegation, including where the allegation has not been substantiated, unless the allegation has been determined be to unfounded. There were 12 investigations determined to be substantiated and/or unsubstantiated during the past 12 months and each was reviewed by the Incident Review Team.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 2016 Annual Compliance Report; and review of quarterly PREA reports, it is determined LCC 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.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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 staff interviews; it is determined by the Auditor that LCC 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 Acting Director confirmed 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. He continued in stating, the information obtained is to use in identifying problem areas or policies, addressing issues that have occurred on a regular basis, staff training, continuation in taking 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.

A review of the IDOC Website 2016 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 Acting Director confirmed he approve all annual reports pursuant to this standard.

The agency indicates 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.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

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 LCC 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 compliance with the second cycle of conducting PREA audit throughout the Agency. The Auditor was given access to all areas of the facility while allowing observation of full operational procedures of the Lawrence Correctional Center. 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 received several confidential information and correspondence from inmates 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 LCC 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, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 of January 2014 through December 2017.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Debra D. Dawson

March 13, 2018

Auditor Signature

Date

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

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