

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

Interim Final

Date of Report 6/17/18

Auditor Information

Name: Mable P Wheeler	Email: wheeler5p@hotmail.com
Company Name: Correctional Management and Communications Group	
Mailing Address: PO Box 5736	City, State, Zip: Macon, GA 31208
Telephone: 478-737-2171	Date of Facility Visit: May 9-11, 2018

Agency Information

Name of Agency: Illinois Department of Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 1301 Concordia Court, P.O. Box 19277		City, State, Zip: Springfield, IL 62794-9277	
Mailing Address:		City, State, Zip: Click or tap here to enter text.	
Telephone: (217) 558-2200 x 2008		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: The Mission of the Illinois Department of Corrections is to serve justice and increase public safety by promoting positive change in offender behavior, operating successful re-entry programs and reducing victimization.

Agency Website with PREA Information: <https://www.illinois.gov/idoc/Pages/default.aspx>

Agency Chief Executive Officer

Name: John Baldwin	Title: Director
Email: john.baldwin@doc.il.gov	Telephone: (217) 558-2200 x 2002

Agency-Wide PREA Coordinator

Name: Ryan Nottingham	Title: PREA Coordinator
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Email: ryan.nottingham@illinois.gov	Telephone: (217) 558-2200 ext. 2519
PREA Coordinator Reports to: Chief of Programs	Number of Compliance Managers who report to the PREA Coordinator 30

Facility Information

Name of Facility:	Taylorville Correctional Center		
Physical Address:	1144 Illinois Route 29 South, Taylorville, IL 62568		
Mailing Address (if different than above):	N/A		
Telephone Number:	217-824-4004		
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: The Mission of the Illinois Department of Correction is to serve justice and increase public safety by promoting positive change in offender behavior, operating successful re-entry programs and reducing victimization.

Facility Website with PREA Information: <https://www.illinois.gov/idoc/Pages/default.aspx>

Warden/Superintendent

Name: Kimberly Smith	Title: Warden
Email: Kimberly.A.Smith@illinois.gov	Telephone: 217-824-4004

Facility PREA Compliance Manager

Name: Daniel Clarke	Title: Assistant Warden of Operations
Email: Daniel.Clarke@illinois.gov	Telephone: 217-824-4004

Facility Health Service Administrator

Name: Katie Hackney	Title: Health Care Unit Administrator
Email: Katie.Hackney@illinois.gov	Telephone: 217-824-4004

Facility Characteristics

Designated Facility Capacity: 1221	Current Population of Facility: 1132
Number of inmates admitted to facility during the past 12 months	700
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	640

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		700	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		56	
Age Range of Population:	Youthful Inmates Under 18:	Adults: 18-61+	
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:		5 months 6 days (156 days)	
Facility security level/inmate custody levels:		minimum	
Number of staff currently employed by the facility who may have contact with inmates:		277	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		State 16 Contractual 7	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		9	
Physical Plant			
Number of Buildings: 21		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		8	
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.): Cameras are located in areas to include dayrooms, visiting room, housing control areas, and health care unit. Cameras do not allow for viewing of bedroom areas, shower areas or bathroom areas.			
Medical			
Type of Medical Facility:		5 Infirmary Beds, Tele-Med, Tele-Psych, Chronic Clinic, Optometrist, Dental, 2 Crisis Cells with 1 being isolation room	
Forensic sexual assault medical exams are conducted at:		St. John's Hospital & Emergency Department and Decatur Memorial Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		Volunteers 85/ Wexford 24/Geo 6/Lake	
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.

Pre-Audit Activities:

Notice of PREA Audit: The notice of PREA Audit for the Taylorville Correctional Center was forwarded six weeks prior to the on-site audit, for posting in the Prison. The PREA Coordinator instructed the facility, to post the notices in areas accessible to offenders, staff, contractors and visitors. The purpose of the posting of the notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The Auditor did not receive any communication from any inmates or other interested parties as a result of the postings. During the onsite PREA Audit, Notices of PREA Audit were observed posted in multiple locations throughout the facility, accessible to staff, residents, contractors, visitors and volunteers.

Pre-Audit Questionnaire/Flash Drive Review: The pre-audit questionnaire and other supporting documentation were received by auditor on 4/5/2018. Upon reviewing information, Auditor was in communication with Agency PREA Coordinator to identify any missing information and a listing of documentation that would be needed for review during the on-site audit phase. The PREA Coordinator and PREA Compliance Manager were responsive to all requests.

Outreach to Outside Advocates: The Auditor contacted the outside advocacy organization.

Selection of Staff and Inmates: Prior to the audit, the Auditor requested and received a list of staff who works on each of the keys for both shifts to ensure that staff, randomly selected, would be those who were working during the days of the on-site audit. Additional staff were chosen from the list to ensure staff from a cross-section of positions and jobs within the facility were selected to be interviewed. Additionally, the Auditor requested and received a list of inmates listed by housing units to enable the Auditor to select inmates from each living unit. Additional lists requested and received included inmates who were: transgender; disabled; sexually abused either at the facility or who disclosed prior victimization during their initial vulnerability assessment or at any other time; identified as being gay, bisexual, or lesbian; and those inmates who were identified as mentally challenged.

On-Site Audit Activities

The Auditor conducted a site review on the afternoon of May 9, 2018. Processing through the main gate included providing identification, signing in and going through the metal detector. Auditor belongings were searched. Population on day of walk-through was 1107.

The agency PREA Coordinator, Warden and Assistant Warden of Operations accompanied the Auditor on a site review of the entire Taylorville Correctional Center campus.

Site Review

During the site review the Auditor made numerous observations and interacted with staff and inmates. Observed were the postings of notices of PREA Audit, PREA related posters and especially those providing reporting instructions and notices advising inmates that female staff routinely work in the facility. Observations were also made of locations and designs of showers and observations of privacy issues, if any; grievances and grievance boxes; requests forms and boxes for requests; configuration of living units; capacities of dorms. Additionally, there were observations of blind spots; camera deployment; use of mirrors to mitigate blind spots; staffing levels; supervision of inmates; accessibility to telephones; accessibility to teleconferencing equipment; and instructions for using the phones to report sexual abuse.

Taylorville Correctional Center is a minimum security facility. The maximum capacity for this facility is 1221 inmates. The housing populations consist of six housing units, one segregation unit and a seven-bed health care unit. When possible inmates are housed according to age, size, gang affiliation, PREA Classification, behavior status, protection custody, and health status.

Each of the six housing units is capable of housing 200 inmates. Housing units consist of two 100-bed pods. Each pod consists of five 20 person rooms. All housing pods are located on a single level. The shower and toilet areas are located in front of the unit, off of the day room. The shower area is afforded privacy by the utilization of a single shower door that allows for viewing occupant's head and feet. There are multiple shower heads but the Auditor only observed single occupancy of showers throughout the site visit. Toilets are separated by walls.

Each living unit was replete with PREA related posters. All units have phones enabling calls to PREA hotline. The hotline phone numbers are posted by each phone. Locations of phones allow for privacy. Notice of PREA audit was posted. Each pod contains video conferencing equipment. Most inmates were observed watching individual televisions.

The health care unit serves the offender population by addressing all medical, dental and mental health needs, with licensed professionals. Offenders with on-going health problems are assigned to chronic clinics, which assures proper monitoring and treatment of their medical needs. Programming and services offered by facility mental health professionals including individual and group counseling. Medical care is provided twenty-four hours a day, seven days per week. Outside medical and emergency care is available at St. Johns Hospital or Decatur Memorial Hospital in Taylorville.

Post Audit Activities

When the on-site audit was completed, another meeting was held with executive/administrative staff to discuss audit findings. The facility was found to be fully compliant to the PREA. The auditor had been provided with extensive and lengthy files prior to and during the audit for review to support a conclusion of compliance to the PREA.

Description of Housing Units

Four Housing Units are designated specifically for general population. Two units house offenders that the American Disability Act criteria and qualify for substance abuse treatment. Observations confirmed inmates are housed in two 100-bed pods. Each pod contains five 20-bed rooms. Showers and toilets afford occupants privacy. Phones were observed and PREA hotline numbers posted. PREA related posters were also observed. Each housing unit is staffed by a minimum of two Correctional Officers. A desk is located in central entry and manned by one officer and another officer makes rotation rounds on each pod.

Staff and Contractor Interviews

Using a staffing roster, the Auditor selected random staff, ensuring those selected represented a variety and cross section of positions and special category staff. The Auditor selected and interviewed:

- Agency PREA Coordinator
- Agency Contract Coordinator (Designee)
- Warden
- PREA Compliance Manager
- Personnel/Human Resources
- Counselor Conducting Victim/Aggressor Assessment
- Counselor Conducting Orientation
- Staff Supervising Segregated Housing
- Higher Level Staff Conducting Unannounced PREA Rounds
- Nursing Staff
- Retaliation Monitor
- Facility Investigator
- Volunteer
- Incident Review Team Member
- Victim Advocate Representative

The Auditor concluded, through interviews and a review of policies and documentation, which the facility is in full compliance with all of the standards as outlined by the Prison Rape Elimination Act Standards.

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 should describe how these details are relevant to PREA implementation and compliance.

Taylorville Correctional Center, located in Taylorville, is a minimum security adult male prison within the state of Illinois. The facility is a part of the Illinois Department of Corrections. The Mission of the Illinois Department of Corrections is "to serve justice and increase public safety by promoting positive change in offender behavior, operating successful reentry programs and reducing victimization." The Taylorville Correctional Center strives to provide a safe and secure environment to ensure the offender population will have the opportunity to participate in treatment and education programs that will better enable them to live productive lives upon release.

Taylorville Correctional Center is comprised of 80 acres of land, 20 acres within the security fences. The facility consists of a total of 25 buildings. The living units consist of six housing units, one segregation unit and a seven-bed health care unit.

During the site review the Auditor made numerous observations and interacted with staff, contractors, and inmates. Observed were the postings of notices of the PREA Audit; PREA related posts and especially those providing reporting instructions; notices advising inmates that female staff routinely work in the facility; locations of and designs of showers and observations of privacy issues, if any; grievances and grievance boxes; requests forms and boxes for requests; configuration of living units; capacities of dorms; observations of blind spots; camera deployment; the use of mirrors to mitigate

blind spots; staffing levels; supervision of inmates; accessibility to telephones; accessibility to teleconferencing equipment and Tablets; and instructions for using the phones to report sexual abuse.

Offenders are afforded appropriate opportunities to improve their knowledge and skills. Inmate programs include:

Academic

- ABE (Adult Basic Education)
- GED (General Education Development)

Vocational:

- Custodial Floor Maintenance
- Career Technologies
- Horticulture
- Construction Trades
- Culinary Arts
- Commercial Custodial

Volunteer Services:

- Alcoholics Anonymous
- Narcotics Anonymous
- Project Storybook

Other:

- Lifestyle Redirection
- Substance Abuse
- Anger Management
- Self Esteem
- Sex Offender Program
- Library/Law Library
- Chaplaincy
- Leisure Time Activity
- Parenting
- Incarcerated Veterans Transition Program
- Group Therapy
- Stress Reduction
- Young Offender

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.*

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

During this audit period all 42 standards were met.

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 42

Click or tap here to enter text.

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

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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*)

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.

Policy and Documents Reviewed: Illinois Department of Corrections Administrative Directive AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and Taylorville Correctional Center Institution Directive 04.01.301 Offender Sexual Abuse and Harassment Prevention and Intervention Program; IDOC Memorandums; Memo from Agency Director dated 9/23/16; Designation of Agency Wide PREA Coordinator; Agency Organizational Chart; Memo from Warden 9/22/17 designating PREA Compliance Manager; PREA Acknowledgement Statements; Pre-Audit Questionnaire.

Interviews: PREA Coordinator; Warden; PREA Compliance Manager; interviews with staff and inmates

Observations: Zero Tolerance Posters and PREA Pamphlets

Additional guidelines are provided to: help detect incidents, perpetrators, and offender victims of sexually abusive behavior; help prevent sexually abusive behavior; educate staff to intervene properly

and in a timely manner; document, report and investigate reported incidents; and discipline and/or prosecute perpetrators. Guidelines and Policies include definitions and prohibited behaviors and sanctions for those found to have participated in prohibited behavior.

Administrative guidelines provide for an agency-wide PREA Coordinator. The PREA Coordinator has complete and unrestricted access to all agency facilities, records, staff and inmates. Facility staff and contract providers must comply fully with the agency PREA Coordinator without fear of reprisal or reprimand.

The agency PREA Coordinator is involved with PREA decisions and implementation at the highest level of the agency. The PREA policy is structured by subject matter, thereby allowing the reader of the policy to discover relevant policy provisions by topics corresponding to each PREA Prison Standard.

The agency PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Prison Standards in all its facilities. Each facility is required to designate a PREA Compliance Manager. Assistant Warden of Operations serves as the PREA Compliance Manager. The PREA Compliance Manager reports to the Warden. Random staff members acknowledged through interviews the role of the PREA Compliance Manager. The Warden and PREA Compliance Manager were able to discuss how the different departments worked together to maintain PREA compliance across all areas of the facility.

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*)

Instructions for Overall Compliance Determination Narrative

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Policy and Document Review: Illinois Department of Corrections Sexual Abuse and Harassment Prevention and Intervention Program Manual; Safer Foundation Contract

Interviews: PREA Coordinator

Observations: Review of Safer Foundation (Crossroads Adult Transition Center) PREA Compliance Audit dated 1/28/2016

Agency standard contract with entities for the confinement of inmates mandates that vendors comply with all state and federal laws, specifically PREA as outlined in their contract. Taylorville Correctional Center does not contract for the confinement of inmates.

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*)

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.

Policy and Document Review: Taylorville Correctional Center meets this standard based on a number of factors to include: Taylorville Correctional Center Pre-Audit Questionnaire: Illinois DOC Administrative Directive 05.01.101: Roster Management-Development of Security Personnel pages documenting unannounced rounds: Sexual Abuse and Harassment Prevention and Intervention Program Manual: Policy AD 04.01.301 outlines elements listed in this standard as well as other safety and security issues. Agency staffing plan, post analysis and mandated administration inspection tours as outlined in Administrative Directive 01.02.103. Compliance Manager reported zero deviations from staffing plan during last 12 months, but understands the requirement to document and justify all deviations from the plan.

Interviews: Warden, PREA Coordinator, PREA Compliance Manager, Assistant Warden of Security, randomly selected staff, and randomly selected inmates.

The interview with the Warden and agency PREA Coordinator reveal the staffing plan is reviewed annually. The facility staffing plan was last reviewed in April 2017. A staffing analysis is conducted

frequently at the agency level to ensure proper staffing levels are managed. Taylorville Correctional Center utilizes mandatory overtime as needed to ensure compliance.

The facility review, interviews with Warden, agency PREA Coordinator, and submitted documentation verify the practice of intermediate-level or higher level supervisors conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Agency policy prohibits staff from alerting other staff members that these supervisory rounds are occurring. All administrative staff was noticed documenting in logbooks when entering units.

Video cameras are utilized within the facility to provide increased supervision, enhance coverage and to combat blind spots. There are a total of 15 cameras located throughout the facility. There is no central control room where cameras are monitored. Camera footage can be monitored/reviewed by the Warden, Shift Commanders and Internal Affairs Staff. Cameras do not allow staff to view inmates while showering, performing bodily functions or changing clothes. Current DVRs allow for footage to be held approximately 30 days before automatic discard. When significant incidents occur, if recorded on camera, the incident is immediately downloaded and saved for review.

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.

Taylorville Correctional Center does not house youthful offenders per Illinois Department of Corrections Memorandum dated January 23, 2017.

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.

Policies and Documents Reviewed: Taylorville Correctional Center Pre-Audit Questionnaire; Illinois Department of Corrections 04.03.104 Sexual Abuse and Harassment Prevention and Intervention Program Manual; IDOC 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation-Adult Process; Taylorville Correctional Center ID 04.03.104, Evaluations of Offenders with Gender Identification Disorders; Wardens Bulletin; Knock and Announce Policy 7/18/2017; Director's Memo titled Limits to Cross-Gender Viewing 8/7/2017; and Title 20-Illinois Administrative Code meets the mandates of this standard.

Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. All staff interviewed revealed receipt of cross-gender pat search training. Staff receives yearly training updates. The training agenda stresses the need for all searches to be conducted as humanely as possible. Auditor observed during tour that inmates are able to change clothes and use the toilet in private without being viewed by the opposite gender. All shower doors allowed for the viewing of head and feet of inmates.

Interviews: Randomly selected staff, randomly selected inmates, and special category inmates.

Observation: Taylorville Correctional Center houses adult male inmates and is staffed with male and female officers providing direct supervision in the living units. Policies prohibit female staff from conducting strip searches of males except in extreme emergencies.

The Pre-Audit Questionnaire documented there have been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. One hundred per cent of the randomly selected inmates stated they have never been strip searched by a female officer. They also stated they are pat searched by male officers.

Each unit had signage posted indicating female staff members routinely enter the unit. During the site review, the Auditor observed staff on the unit making the announcement of female entering the unit.

The training curriculum includes searches of transgender and intersex inmates. Staff members are aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

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

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

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Policies and Documents Reviewed: AD 04.01.111, ADA Accommodations; AD 04.01.105, Facility Orientation; AD 03.01.305 Americans with Disabilities Act; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Programs; AD 05.07.101, Reception and Orientation; ID 04.01.30, Offender Sexual Assaults-Prevention and Intervention; PREA Spanish Orientation Insert; Inmates Orientation Manual (English and Spanish); American Sign Language Video Remote Interpretation Procedure and DR475; and ADA Grievance Procedure; local memos and the Offender Handbook address the mandate of this standard. Taylorville Correctional Center puts forth effort to accommodate all inmates that fall with the vulnerable categories, this statement is supported by interviews with administrative staff, supervisors and inmates that are eligible for this designation.

Interviews: Randomly selected staff; randomly selected inmates; special category inmates. The Auditor was able to interview bilingual staff who can translate for some limited English proficient inmates.

Observations: Posting of PREA Brochures in English and Spanish

Taylorville have a housing unit dedicated to offenders meeting American Disability Act qualifications. Several wheelchair bound inmates were interviewed. Each feel safe and express a high level of support from staff and other inmates. Limited English inmates receive additional assistance from CO2, PREA information/handbook and handouts printed in Spanish. Inmates also identified a counselor that is responsible for conducting intake and orientation sessions for non-English speaking. Limited vision, limited hearing and cognitive inmates were interviewed. Each expressed receiving support services and reported no safety concerns. Telephone translation services are available through Propir Language Services LLC. Procedures are in place that provides direction on how to successfully access the language interpretation service and staff who was interviewed were aware of the policy that under no circumstances are inmate interpreters or assistants to be used when dealing with PREA issues.

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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Policy and Document Review: AD 03.02.100, Administrative Review of Personnel Issues and AD 01.02.107, Background Investigation, address the requirements of the standard. Taylorville Correctional Center Policy Sexual Abuse and Harassment Prevention and Intervention Program Manual; Administrative Directive Filling Vacancies; random background checks for newly hired, regular staff and volunteers and contractors.

Interviews: Warden; Human Resource Manager; PREA Compliance Manager; agency PREA Coordinator; and Manager, Background Investigation Unit

The combination of policies and interviews with Human Resource Manager and Manager of Background Investigation Unit provided details regarding the hiring process, completion of background checks, and the grounds for termination. The Policies provide that a complete comprehensive background check occur prior to employment. The background check is completed by the Illinois Department of Corrections Background Investigations Unit. The facility continues to monitor the background of employees through National Law Enforcement Data (Leads). This tracking system ensures that Illinois Department of Corrections (DOC) is notified of an individual's arrest regardless of location. The Auditor conducted a random review of personnel files to include employees, contractors and volunteers. Annual background investigations are conducted on all employees who (a) are authorized to carry weapons and who have been issued a weapons authorization card; or (b) have a personally assigned state vehicle. In interviews with the Human Resources Manager and a review of random personnel files of employees, the agency performs criminal background records checks before hiring new employees. Interviews with the Human Resource Manager and a review of policies and documentation indicated that the agency will not hire or promote a staff member, or enlist the services of any contractor or volunteer who may have contact with offenders, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in activity.

All applicants are asked about prior misconduct and are required to certify and confirm by signing a Prison Rape Elimination Act Pre-employment Self-Report form (DOC Form 0450). Employees have a duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information are grounds for termination. Interviews with administrative staff and

personnel staff indicated the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. A review of documentation (PREA Screening Form) supports compliance to this standard.

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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In 2014 the Illinois Department of Corrections developed a state-wide security camera plan. In developing this plan standards from PREA were taken into consideration. Taylorville Correctional Center was included

in phase 1. Installed were seven (3) eight channel DVRs and 10 cameras. Agency camera plan was reviewed by auditor.

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*)
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Policy and Documentation Review: IDOC AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention; AD 01.12.120 Investigations of unusual Incidents; AD 01.12.112 Preservation of Physical Evidence; Wexford Health Memo dated 4/1/2016 Evidence Protocol and Forensic Medical Exams; Agency PREA Manual; agency Training Curriculum. The Department's response to sexual assault follows guidelines of the US Department of Justice Office of Violence Against Women Publication. "A National Protocol for sexual Assault Medical Forensic Examinations, Adults/Adolescents."

Interviews: PREA Compliance Manager; Director of Nursing; Director of Mental Health; randomly selected staff; interviews with special category inmates; interview with randomly selected inmates

All victims of sexual abuse are offered forensic medical examinations, without cost. Exams are performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. The facility Medical Director is a qualified Medical Practitioner capable of performing the requisite forensic medical exams. During the interview with the Medical Director revealed that alleged victims are transported to St. Johns Hospital or Decatur Memorial Hospital, in Decatur, IL, (SAFE/SANE) staff are available. In the event that an inmate requests an advocate to accompany him during the forensic medical examination process, qualified Mental Health Professionals are available. DOC is currently utilizing and pursuing a state wide contract with Prarie Casa Advocacy Center. Auditor verified with advocacy center administrator agreement currently in place. The facility reports zero forensic medical exams were conducted within last 12 months.

Correction and Medical staff interviewed were knowledgeable of Administrative directive 01.12.112 (Procedures required securing and obtaining usable physical evidence, when sexual abuse is alleged.) Staff and inmates are aware that the Internal Affairs Investigator conducts investigations relative to sexual abuse allegations, (full time employees of the facility), have received education concerning sexual assault and forensic exams. A Memorandum of Understanding exists between the Illinois Department of Corrections (DOC), Illinois State Policy Division of Internal Investigations (ISP/DII), and Illinois DOC Division of Investigation. When required the facility investigators refer sexual abuse investigations to the Illinois State Police, who follows the requirements of standard 113.21. The Memorandum of Understanding clarifies the responsibilities of both entities; the Illinois DOC will investigate inmate-on-staff and inmate-on-inmate sexual assaults and the ISP will conduct investigations involving staff-on-staff or staff-on-inmate.

Interviews with random inmates and special category inmates confirmed the Internal Affairs staff conducts facility based investigations. Responses to complaints are timely, information is gathered, and referrals are made to medical and mental health if needed. Results of investigation are submitted in writing.

A review of training records supported the findings that investigator have received required training.

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

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

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Policy and Documentation Review: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 01.12.120 Investigations of Unusual Incidents, and AD 01.12.101, Employee Criminal Conduct and Illinois State Police/Illinois Department of Corrections; Memorandum of Understanding; and Pre-Audit Questionnaire meet the requirements of this standard.

Document Review: Pre-audit Questionnaire; PREA File Checklist; PREA Investigation Summary; Victim Notification of Results of Investigation; and PREA After-Action Checklist.

Interviews: Randomly selected and special category staff; randomly selected inmates, special category inmates; Warden; PREA Compliance Manager; Mental Health Staff; and Internal Affairs Staff.

When required, the facility internal affairs refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standards. When there is substantial evidence that a criminal act has taken place, the case is referred to the State Attorney for possible prosecution.

Randomly selected staff members were informally interviewed during the site review and specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statement or an incident report completed prior to the end of their shift. Staff confirmed, when asked, that they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Staff members were aware that Internal Affairs will initially investigate all allegations of sexual abuse or sexual harassment.

Forty (40) randomly selected interviewed offenders, including those randomly selected, specialized and informally interviewed during the site review and during the on-site audit period indicated that inmates know how to report and most of them believed the staff would take their reports seriously and that it would be investigated.

The Auditor reviewed twenty-two (22) investigation packages.

The investigation packages consistently contained the following:

- 1) PREA Investigation Summary
- 2) Notification of Results of Investigation
- 3) Referrals to Mental Health
- 4) 90-Day Offender Sexual Abuse Review Checklist
- 5) Incident Report

Auditor was able to review Information Line call Report generated by Illinois DOC for period of 1/1/2017-5/7/2018. Investigations were completed for each report listed.

Facility investigators are trained in conducting sexual assault investigations in confined settings/prisons. Inmate interviews revealed knowledge of how to report alleged sexual abuse and harassment. Posters are visible throughout housing units. Inmates interviewed are aware of the grievance process.

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

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Policy and Document Review: 03.03.102 Administrative Directive/Employee Training; AD 04.01.301 Sexual Assault and Harassment Prevention and Intervention Program; DOC 0042, Volunteer Services Orientation checklist; and a Guide for the Prevention and Reporting of Sexual Abuse; The Illinois Department of Corrections PREA training curriculum provide guidelines and identifies training content to support standard 115.31.

Interviews: Randomly selected staff; contract staff; and volunteers.

A review of staff training files, PREA curriculum specialized training for medical/mental health and specialized training for Internal Affairs Investigators support facility's compliance with this standard. Staff members from all departments were interviewed; all acknowledged having received PREA training and yearly updates as mandated.

Interviews were also conducted with contract and volunteer staff which revealed they received the appropriate training.

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*)

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Policy and Document Review: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; DOC 0042, Volunteer Service Orientation Checklist; DOC: A Guide for the

Prevention and Reporting of Sexual Abuse with Offenders; Wexford PA Training Power Point/Quiz and Wexford Health Training Verification Summary form/sign-in sheet meet the mandates of this standard.

Interviews: Staff conducting intake; staff conducting orientation (inmate education); PREA Compliance Manager; randomly selected inmates; special category inmates

There are a total of 85 contractual/volunteer employees who have received PREA training, to include the agency's zero-tolerance policy, reporting and responding, requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this Auditor. Interviews conducted with contract and volunteer staff revealed they received the appropriate training.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and contractors who have contact with offenders are notified of the Department's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Documentation of that training is on the Contractor/Volunteer Acknowledgment Statement.

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.

Policy and Document Review: AD 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Offender handbook; IDOC PREA Fliers and Orientation Video; PREA Posters (English and Spanish); IDOC PREA Pamphlet; Sexual Abuse and Custodial Sexual Misconduct; Offender Orientation Insert; and the Offender Orientation Receipt meet the mandates of this standard.

Interviews: Staff conducting intake; staff conducting orientation (inmate education); PREA Compliance Manager; randomly selected inmates; special category inmates.

During the admission process inmates receive information that includes a PREA handout and inmate handbook. Orientation materials are printed in both English and Spanish. This was verified through inmate interviews and a sample review of admission packets. PREA posters (English and Spanish) were displayed on each housing unit. Information on posters included a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment. The Illinois Department of Corrections mailing address is also posted. Each inmate signs off on the Offender Orientation Receipt form during orientation. Staff are aware that if needed there are services available with the Center for Sight and Hearing for Video Remote Interpretation Services.

The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators; 7) and Notice that females routinely work and visit housing areas.

PREA Education is required to be provided in formats, accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

Education, according to Illinois DOC policy requires the facility to maintain documentation of offender participation in education sessions in the offender's institutional file. In each housing unit, policy requires that the following are posted in each housing unit: a) Notice of Female Staff routinely working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.

Inmates confirm their orientation on several documents

- 1) Acknowledgment of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment.
- 2) Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video)

The inmate signs a PREA Acknowledgment form and initials the Orientation Checklist affirming they viewed the PREA Video. By signing the Video Acknowledgment, inmates affirm that they have viewed and understood the video on PREA. The form briefly tells them if they need to make

a report to dial “Report Line” (217-558-4013) or report to a staff member. It also tells the inmate to speak to a case manager or other staff if they have further questions. Inmates acknowledge on the Offender Orientation Checklist the following: 1) Classification, Disciplinary and Grievance Process; 2) Inmate Handbook; 3) Review of Rules, Regulations and Departmental Procedures; 4) How to access counselors, sick call etc.; and 5) PREA Video. Inmates also acknowledge, by signature, that they received the formal orientation and were given the opportunity to ask questions and that they understand they will be accountable for any violations.

Inmates are provided PREA information on a continuous basis through posters reflecting the Department’s zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

The Auditor was able to observe the intake process while on-site. A corrective action was requested to afford the inmate more privacy during victim screening interviews. This plan of action was submitted prior to submission of final report. Administration revisited how this interview is conducted. It is now a stand-alone process and is conducted one on one with counselor. Medical staff is no longer involved.

The facility also offers an inmate information channel, which is available on each housing unit. These channels include PREA continuing education in both English and Spanish.

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.

Policy and Document Review: Administrative Directive 01.12.115, Institutional Investigative Assignments and Institutional Investigator Training meet the mandates for standard compliance.

Interviews: Facility-Based Investigators; random selection of staff; random selection of inmates

Facility investigators must complete the 40 hour institutional training program conducted by Illinois Department of Corrections Academy. Facility investigators have also completed PREA: Investigating Sexual Abuse in a confinement setting, presented by the National Institute of Corrections. Auditor confirmed investigator received specialized training.

In-house investigators were interviewed, training records reviewed and interviews with staff also verified the role of facility investigators. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the 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.

Policy and Document Review: AD 03.03.102 Employee Training; AD 04.04.100, General Provisions; AD 04.04.102, Suicide Prevention and Intervention Emergency Services; PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; Specialized Training: Medical and Mental Health Care; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Power Point Presentation.

Interviews: Director of Nurses

The facility has full-time medical and mental health staff on-site. A review of training records confirmed that health care staff (contract and Illinois State employees) receive PREA training and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. All medical and mental health care practitioners have been trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Forensic medical examinations are conducted by SANE/SAFE staff at a local hospital. A review of documentation and staff interviews as well as telephone interview with the SANE/SAFE staff confirmed compliance to this standard.

As a corrective action, auditor requested that medical and mental health staff provide documentation of National Institute of Corrections' training; PREA Behavioral Health and Medical Care are for Sexual Assault Victim in a Confinement setting. This documentation has been provided to the Auditor.

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.

Policy and Document Review: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Requirements; AD 05.07.101, Reception and Orientation-Adult Process Requirements; Receiving and Screening, DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse; DOC 0372, Mental Health Screening form and DOC 0379, Evaluation of Suicide Potential Form, meet the mandates of this standard.

Interviews: PREA Compliance Manager; Warden; Unit Manager; Interviews with counselors who conduct victim/aggressor assessments; interviews with randomly selected inmates.

The initial intake screening is conducted at the Reception and Classification Center and, thereafter at each designated facility, per Illinois DOC policy and procedures. Inmates are screened during admission process, which occurs within hours of inmate arrival on-site. Auditor was able to observe intake/screening process. The screening tool includes all the criteria necessary to assess the inmate's risk of sexual victimization and the inmate's risk of being sexually abusive. The Auditor reviewed copies of the screening tool and finds the facility is in compliance with the standard. Access to information related to sexual abuse occurring in the facility is limited to medical and mental health practitioners to the extent possible, and other key staff on a need-to-know basis.

Any indication of sexually abusive behavior, victimization or potential victimization in a correctional setting identified at a Reception and Classification Center or at any assigned facility is referred to the facility PREA Compliance Manager. The Compliance Manager shall promptly review any referrals to assess whether an offender shall be identified as a predator or vulnerable offender using the DOC 0494 form and make recommendations regarding safety considerations and any treatment or counseling needs. Interview with PREA Compliance Manager, sample review of referrals and inmate interviews confirm that risk screening is utilized during orientation.

Within 30 days of admission or transfer to the facility, each offender shall be screened again for sexually abusive behavior or victimization and potential predator or vulnerable offender identification utilizing the DOC 0494.

Per policy, if an offender chooses not to respond to questions relating to his level of risk, he shall not be disciplined. Staff are required to encourage residents to respond to the questions to better protect them, but staff are prohibited from disciplining them for not answering any of the questions. The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: whether the inmate has a mental, physical, or developmental disability; age of the inmate; physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is solely detained for civil immigration purposes. The screening process considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department. Other factors considered are: physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

In making housing assignments for transgender or intersex offenders, the Department will consider on a case-by-case basis, whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex offender will be reassessed at least twice a year to review any threats to safety experienced by the offender.

Policy also requires that offenders who are at high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers.

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

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Policy and Document Review: PREA Sexual Abuse and Harassment and Prevention and Intervention Manual; Screening Information; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders; and DR 420 meet the mandates of this standard.

Interviews: Staff conducting Victim/Aggressor Assessments; ID Staff; Classification Staff

Taylorville Correctional Center policy and institution procedures require the use of a screening instrument (reviewed by Auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk, of being sexual abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard.

When determining whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. Placement and programming

assignments for each transgender or intersex inmate are reassessed at least twice each year. Transgender or intersex inmate's own views with respect to his own safety are given serious consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates.

Standard 115.43: Protective Custody

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

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Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Protective Custody; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; G4.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and Title 20 Illinois Administrative Code, Protective Custody meet the mandates of this standard.

Interviews: Warden; staff supervising segregation; randomly selected staff; PREA Compliance Manager; and Special Category Inmates who disclosed victimization.

Offenders at high risk for sexual victimization are not placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. Access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit for the purposes of protective custody. Should any restrictions apply, the facility would document the privileges that were limited, the rationale for the limitation and the duration of the limitations. Taylorville Correctional Center

administrative staff has the ability to transfer inmates considered at risk for sexual abuse to a different location.

The inmates are reassessed at least once every 30 days, after being placed in the segregation unit. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months. Additionally, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. There were no inmates in protective custody status during the time of the audit.

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.

Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Inmate Reporting; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Offender Education; PREA Poster: How to Report; Inmate Orientation Manual (English and Spanish); MOU Between IDOC/John Howard Association; DOC 0286, Offender Request Form; DOC 0387, Mental Health Services Referral, ADA and PREA Report Line (217) 558-4013 meet the mandates of this standard.

Interviews: Randomly selected and special category inmates; randomly selected staff representing a cross section of positions.

A review of documentation and staff/inmate interviews indicated there are multiple ways (verbally, written, anonymously, privately and third party reporting) for inmates to report sexual abuse/sexual harassment. The John Howard Association is a private entity and is not associated or otherwise connected to the Illinois DOC. The facility has procedures, 04.01.114, in place for staff to document all allegations immediately and by the end of the shift. Staff have been instructed and trained to accept reports made both verbally and in writing by third parties and promptly document them. Inmates may file grievances as well. Once a grievance is received and determined to be PREA related, the grievance process ceases, and an investigation begins. There are posters and other documents on display throughout the facility (observed by Auditor) which also explain reporting methods (English and Spanish). All inmates interviewed indicated they had been advised of the multiple ways to report sexual abuse and sexual harassment and, in addition to having PREA posters visible throughout the facility, they had been given a variety of reading materials that contained the information. The PREA reporting hotline is available to staff, as well, to privately report sexual abuse and sexual harassment of inmates.

The Auditor was able to review PREA allegations reported to John Howard Association and calls to PREA hotline (investigation reports). Offenders at Taylorville Correctional Center are not detained solely for civil immigration purposes.

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.

Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; Exhaustion of Administrative Remedies; Title 20 Illinois Administrative Code, AD 04.01.114, Local Offender Grievance Procedure and IDOC 0046, Offender Grievance Form (English and Spanish) meet the mandates of this standard.

Interviews: Grievance Officer; randomly selected staff; randomly selected inmates; PREA Compliance Manager.

Offenders are permitted to file a grievance alleging sexual abuse at any time, without using the informal grievance process or submitting it to the staff member who is subject of the complaint. Policy mandates the agency to provide an initial response within 48 hours and a final decision within five calendar days relative to emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse. Additionally, 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. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. During this 12 month reporting period there were no grievances with report of sexual abuse or sexual assault.

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

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Policy and Document Review: AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B); Inmate Orientation Manual PREA Information Insert (English and Spanish) meets the mandates of this standard. The facility has developed a MOU between IDOC/John Howard Association; Prairie Center Against Sexual Assault; the PREA Report Line and the Offender Handbook (English and Spanish) meets the mandates of this standard.

Interviews: PREA Compliance Manager, PREA Coordinator, randomly selected interviewed inmates; Advocate, MOU with John Howard Association

The John Howard Association acts as an anonymous reporting conduit between inmates and the IDOC. If contracted, the local rape crisis center (Prairie Casa) would also advise the Taylorville Correctional Center of a PREA violation (confirmed through an interview with the center) and provide external victim advocacy services to inmates. Offenders may also contact IDOC staff through the PREA Report Line.

The facility enables reasonable communication between inmates and these organizations and agencies in as confidential manner as possible. Inmates are informed as part of their orientation process that all telephone calls are subject to monitoring and recording. Monitoring notices are also posted next to each telephone designated for offender use. The Inmate Orientation Manual PREA Information Insert outlines the steps of how to report and who to report to, and where to report along with the PREA Report Line telephone number. No inmates housed in this facility are detained solely for civil immigration purposes.

Standard 115.54: Third-party reporting

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

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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.

Policy and Document Review: IDOC Sexual Abuse and Custodial Sexual Misconduct Pamphlet; Third Party Reporting Pamphlet (Visiting Room); Inmate Orientation Manual PREA Information Insert; and IDOC Website:

<https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx> meet the mandates of this standard.

Interviews: Randomly selected and special category inmates; randomly selected staff; and PREA Compliance Manager

The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with both staff and inmates revealed they were aware of the procedures for third-party reporting or know how to get the information, if necessary. How to respond is also listed on Business/Visitor Sign-in log.

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

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Policy and Document Review: AD 03.02.108, Standards of Conduct; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; Title 20 Illinois Administrative Code, Rules of Conduct and Taylorville Correctional Center ID 03.02.108, Standards of conduct address the requirements of the standard.

Interviews: PREA Coordinator; PREA Compliance Manager; randomly selected staff; Director of Nursing; Investigators; Warden.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Staff and agency Reporting duties, address the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. Interviews with volunteers and contract staff indicated they had received PREA training and were well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.

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

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Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Agency Protection Duties; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, General Provisions and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, General Provisions, meet the mandates of this standard.

Interviews: Warden; Grievance Officer; PREA Compliance Manager; Randomly selected staff; Staff Supervising Segregation; Interviewed inmates in segregation; and Inmates, randomly selected.

Staff interviewed were well aware of their first responder duties and responsibilities, as it relates to them having knowledge of an inmate being in imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. They also stated they would separate the potential victim/predator, secure the potential crime scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the shift supervisor, medical and psychology staff. In the past 12 months, there were no instances where facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse. The Pre-Audit Questionnaire documented there have been no incidents in which an inmate was at substantial risk of imminent sexual abuse during the past 12 months.

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

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Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Reporting to Other Confinement Facilities and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, DR 112 and AD 04.01.301, Offender Sexual Assaults-Prevention and Intervention Requirements meet the mandates of this standard.

Interviews: Warden; PREA Compliance Manager

Policy requires any allegation by an inmate that was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months there were two (2) allegations received that an inmate was abused while confined at another facility. Appropriate protocol was followed by administration. Auditor was able to review completed investigations. Protocol was followed and documentation was reviewed.

Reports of sexual abuse or sexual harassment, occurring while an offender was housed at a different facility, is documented and investigated by agency trained investigators.

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.

Policy and Document Review: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 01.12.112, Preservation of Evidence address the mandates of this standard.

Interviews: Randomly selected staff; Facility Based Investigators; PREA Compliance Manager; Director of Nursing; Special Category Inmates.

All staff interviewed was extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the potential crime scene, would not allow inmates to destroy any evidence, contact the shift supervisor and refer the inmate to medical and psychology staff. Policy dictates that a member of the security staff shall be promptly notified, if the first responder is other than security staff. During the past 12 months, there was 0 (zero) instance in which the first to respond was a non-security staff member. As required by policy, the non-security staff member will notify security staff and request the alleged victim not take any actions that could destroy physical evidence. A review of policy and staff interviews confirmed compliance to this standard.

Policy and procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours 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; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately.

In the past 12 months there was 5 (five) allegations that an inmate was sexually abused. On one occasion staff was notified in a time period that allowed the collection of physical evidence.

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.

Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the mandates of this standard.

Interviews: Randomly selected staff from a staff roster and representing a cross section of employees, both security and non-security; Director of Nursing

Taylorville Correctional Center PREA Response Plan provide detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Auditor reviewed memorandum appointing members of Taylorville Correctional Center PREA Response Team and past Incident Review Team. Interviews with employees confirmed that they were very 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

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Interviews: Warden; Statewide PREA Coordinator; PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).

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

Standard 115.67: Agency protection against retaliation

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

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Policy and Document Review: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Protection Against Retaliation; DOC 0498, PREA Retaliation Monitor Form-Offender and DOC 0499, PREA Retaliation Monitor Form-Staff meet the mandates of this standard.

Interviews: Warden; PREA Compliance Manager; Randomly selected inmates; Special Category inmates; Randomly selected staff.

The Agency has a comprehensive monitoring program in place that includes periodic status checks for inmates or the provision of monitoring beyond 90 days, if there is a continuing need. The review shall include, but not be limited to disciplinary reports, housing, program changes and facility transfers for the offender and negative performance reviews and job reassignments for staff. DOC 0498 is used to document periodic status checks, protection measures employed, concerns reported by the offender and whether the monitoring will be continued past the initial 90 days. Additionally, DOC 0499 is used to document the concerns reported by the staff member, protective measures employed and whether the monitoring will be continued past the initial 90 days. Auditor reviewed memorandum appointing staff to serve as retaliation monitors. There was zero (0) incident within last 12 months that required monitoring for 90 days.

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.

Policy and Document Review: Title 20 Illinois Administrative Code: DR 501d, Protective Custody; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Housing G4.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Post-allegation Protective Custody meet the mandates of this standard.

Interviews: Taylorville Correctional Center Pre-Audit Questionnaire; Warden, PREA Compliance Manager; Staff Supervising Segregation (Including Protective Custody; Office of Professional Standards Investigator; staff, randomly selected; Inmates, randomly selected and special Category Inmates.

Staff interviewed indicated that, in practice, offenders who have alleged to have suffered sexual abuse or identified as being vulnerable shall not be placed in involuntary segregated housing (SHU), unless an assessment of all available alternatives had been made and there is a determination that there is no available alternative means of separation from likely abusers. Additionally, in practice, to the extent possible, access to programs, privileges, education and work opportunities are not limited to offenders placed in the SHU for the purpose of protective custody. Policy requires that the facility document the reasons for restricting access to programs and the length of time the restriction would last. Current policy also mandates that the placement shall only be continued until an alternative means of separation can be provided, and such placement in segregation shall not ordinarily exceed a period of 30 days. There were no offenders placed in involuntary segregation status for any duration, during this rating period. In the past 12 months there were no offenders held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment and none held in involuntary segregated

housing for longer than 30 days while awaiting alternative placement. Staff interviews and an examination of policy confirmed compliance to this standard.

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*)

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.

Policy and Document Review: Title 20 Administrative Code, DR Part 112, Internal Investigation; AD 01.12.101, Employee Criminal Misconduct and AD 01.12.120, Investigations of Unusual Incidents address the mandates of this standard.

Interviews: Warden, PREA Compliance Manager; Facility Based Investigators; Office of Professional Standards Investigator; Randomly selected staff; Director of Nursing.

The facility promptly, thoroughly and objectively conducts its own investigations into allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Facility investigators have received the necessary special training in sexual abuse investigations. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNS evidence, and any available electronic monitoring data. Interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The trained investigators also review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal persecution, the agency conducts compelled interviews only after consulting with the State's Attorney's Office to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Substantiated allegations that appear to be criminal are referred for prosecution. The agency retains all written reports for as long as the alleged abuser is incarcerated or staff are employed by the agency, plus five years.

Policies direct facility staff to cooperate with investigations and documentation reviewed indicates such. Evidence collected shall be submitted to the state police within 10 business days of receipt.

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

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)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Policy and Document Review: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. Agency policy mandates that no standard higher than a preponderance of the evidence should be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews: Warden, PREA Compliance Manager; Internal Affairs Investigator; Sergeant and Captain (both of whom are the NIC Trained Facility-Based Investigators).

A review of training documents and interviews with the facility Internal Affairs Investigator indicated that the facility and agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of training documents indicated that the investigators have received the necessary special training in sexual abuse investigations.

Standard 115.73: Reporting to 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.

Policy and Document Reviews: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, AD 01.12.120, Investigation of Unusual Incidents; local policy and the PREA Investigations Finding Notifications Memo address the mandates of this standard.

Interviews: Warden, PREA Compliance Manager, Inmate filing PREA Complaint

The Agency has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse in an Agency facility is informed, verbally and in writing, whether the allegation has been determined to be substantiated, unsubstantiated or unfounded, at the conclusion of the investigation. During this audit period, there were no criminal/administrative investigations of alleged sexual abuse that were completed by an outside agency (Illinois State Police). There were six twenty-two (22) administrative sexual abuse allegation investigations that were completed by facility investigator. Interview with PREA Compliance Manger and file review provided verification of facility compliance with this standard.

Notifications are required to be documented. If an inmate is released from the Department's custody the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and DOC Policies.

If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the inmate of the outcome of the investigation. Inmates that Auditor interviewed that filed PREA Complaints were given written notification of investigation outcome.

Policy requires to notify the resident when a staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the

staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The notification form would document, for the resident, if the investigation was determined to be substantiated, unsubstantiated, unfounded or referred to OPS. If the allegation is determined to be substantiated, unsubstantiated, or unfounded, the resident is notified of any of the following if applicable:

- Staff member is no longer posted within the inmate's unit
- Staff member is no longer employed at the facility
- Staff member has been indicted on a charge related to sexual abuse with the facility
- Staff member has been convicted on a charge related to sexual abuse within the facility
- The alleged abuser (offender) has been indicted on a charge related to sexual abuse within the facility
- The alleged abuser (offender) has been convicted on a charge related to sexual abuse within the facility
- Other: Include explanation of why "other:" was checked.

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.

Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Disciplinary Sanctions for Staff; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, General Provisions; AD 03.01.120, Employee Review Hearing; AD 03.01.310, Sexual Harassment Requirements and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention; AD 01.12.120 Investigations of Unusual Incidents; DR 120 Standards of conduct address the mandates of this standard.

Interviews: PREA Compliance Manager; Warden; Randomly selected staff, Human Resource Manager.

Employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of Agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of Agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported by law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there was no facility staff found to have violated Agency Sexual abuse or sexual harassment policy. Interviews with the Human Resource Manager and the Warden revealed personnel practices and their knowledge of the related policies.

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.

Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Corrective Action for Contractors and Volunteers and AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Conclusion of Investigation AD 03.01.301, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Offender Sexual Assaults-Prevention and Intervention and AD 04.01.122, Volunteer Services address the mandates of this standard.

Interviews: PREA Compliance Manager; Warden; Volunteer Coordinator.

Contractors or Volunteers who engage in sexual abuse are prohibited from contact with inmates and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. The facility would take appropriate remedial measures, and consider prohibiting further contact with inmates, in the event of any violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, there were no contractors/volunteers reported to have engaged in an act of sexual abuse with an inmate.

Standard 115.78: Disciplinary sanctions for inmates

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

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Policy and Document Review: PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Disciplinary Sanctions for Inmates; Title 20, Illinois Administrative Code- Administration of Discipline, Offenses and Maximum Penalties; AD 05.12.103, Administration of Discipline for Offenders Identified as Seriously Mentally Ill, Policy Statement; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Conclusion of Investigation and Jacksonville CC Disciplinary Tracking Violation Breakdown address the mandates of this standard.

Interviews: Warden; PREA Compliance Manager; Staff Supervising Segregation

Inmates found guilty of an administrative finding or criminal finding of inmate-on-inmate sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between inmates and disciplines inmates for such activity. The agency does not find consensual sex between inmates to constitute sexual abuse. During this reporting period there were five (5) substantiated finding of sexual abuse with another inmate.

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? Yes No

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

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Policy and Document Review: Title 20 Illinois Administrative Code-Administration of Discipline for Offenders Identified as Seriously Mentally Ill; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Requirements: DOC 0372, Mental Health Screening Form: DOC 0284, Mental Health Treatment Plan; DOC 0379, Evaluation of Suicide Potential; PREA Checklist and Authorization for Release of Offender Mental Health or Substance Abuse Treatment Information Form address the mandates of this standard.

Interviews: Health Services Administrator, Director of Nursing; Assistant Director of Nursing; Director of Mental Health; Executive Director, Mental Health Counselors; Staff Conducting Victim/Aggressor Assessments

Observations: Intake Process; Victim/Aggressor Assessment Process

Observation and review of intake screening documents supports the finding that screening for prior sexual victimization in any setting is conducted by mental health professionals during in-processing procedures. If the screening indicates the inmate experienced prior sexual victimization, staff ensures the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days. Follow-up meetings with mental health providers routinely occur within 72 hours of the initial screening. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. Staff ensures the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Inmates interviewed that reported prior victimization during screening acknowledged being offered follow-up counseling. Counseling was accepted by some and refused by others. Inmates refusing bared decision on length of time since incident or having previously dealt with issues through counseling services.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and

other staff on a need-to-know-basis for treatment plans, security, housing, work, program assignments and management decisions.

Medical and Mental Health Practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. The facility does not house offenders under the age of 18. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

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

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Policy and Document Review: AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; 04.04.100 General revisions; AD 04.01.301 Offender Sexual Assaults-Prevention and intervention and corresponding local policy/directives address the mandates of this standard.

Interviews: Director of Nursing; PREA Compliance Manager; interviews with randomly selected staff; and security and non-security first responders.

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

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*)

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.

Policy and Document Reviews: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Crisis Intervention and 04.01.301, Sexual abuse and Harassment Prevention and Intervention Program, Crisis Intervention address the mandates of this standard.

Interviews: Director of Nursing; Facility-Based Investigator; randomly selected inmates; special category inmates; and PREA Compliance Manger.

The facility offers medical and mental health evaluation and, as appropriate, treatment to victims of sexual abuse. Treatment includes appropriate evaluations and follow-up services. The facility would arrange for referrals for continued care following transfer to or placement in other facilities, or their release from custody.

The facility has fully staffed medical and mental health departments and offers sexual abuse/harassment victims with medical and mental health services consistent with the community standard of care. Inmate victims of sexual abuse, while incarcerated, are offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Mental Health evaluations are conducted on all known inmate-on-inmate abusers within 60 days of learning of such abuse history. Treatment is offered when deemed appropriate by mental health practitioners. The facility does not house female offenders. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

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.

Policy and Document Reviews: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and January 2015 Director's Designating Incident Review Team Memorandum address the mandates of this standard.

Interviews: Warden; PREA Compliance Manager

The Warden has designated the facility PREA Compliance Manager/Psychologist III, Associate Warden, Shift Supervisor, Clinical Services Representative and the Investigation/Intel Representative to be members of the Incident Review Team. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The incident review occurs within 30 days of the conclusion of the investigation. The review team addresses all items identified in the standard and a report is prepared by the PREA Compliance Manager for the Warden. The facility implements the recommendations for improvement, or documents its reasons for not doing so. Documentation for any recommendation not implemented is maintained. A review of documentation and interviews with medical/mental health staff support the finding that the TCC complies with this standard.

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Warden or PREA Compliance Manager.

During the last 12 months four (4) administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days.

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.

Policy and Document Reviews: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA FY2015 Annual Compliance Report; JCC 2015 Annual PREA Compliance Report; PREA Checklist and the PREA After-Action Checklist address the mandates of this standard.

Interviews: PREA Coordinator; PREA Compliance Manager; and Warden.

Observation and a review of documentation support the determination that the Illinois Department of Corrections has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The incident-based data collected includes data required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Interviews with the PREA Coordinator and a review of policy indicated that upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.88: Data review for corrective action

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*)

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.

Policy and Document Reviews: AD 04.01.301, PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, AD 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard.

Interviews: Warden; Agency PREA Coordinator; PREA Compliance Manager

The Illinois Department of Corrections required each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The Administrative Directive and Institution Directive were effective July 1, 2015. The July 1, 2015 policy requires the agency to collect and review data from all facilities in the State and to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, to include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Policy requires the report is to be published on the IDOC website and include a comparison of the current year's data and corrective actions with those from prior years. Additionally, the report shall provide an assessment of the agency's progress in addressing sexual abuse. The Auditor reviewed twenty-two (22) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

The agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas: taking corrective action on an ongoing basis and to prepare an annual report of its findings and corrective actions for each facility and the IDOC. The department has a dedicated staff person whose job it is to collect and analyze the data. The agency PREA Compliance Coordinator collects data from each facility on a monthly basis. He also maintains data on the PREA Hotline calls. The PREA Coordinator states the IDOC continues to improve the processes of how PREA allegations are reported, investigated and tracked. The IDOC has mandated an increased reporting requirement from facilities that aligned with the DOJ sexual assault and harassment reporting requirements.

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*)

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.

Policy and Document Review: AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the mandates of this standard.

Interviews: PREA Coordinator; PREA Compliance Manager; and Warden.

Taylorville Correctional Center PREA Policy provides all data collected will be securely stored and maintained for at least 10 years after the initial collection date, unless statutes require otherwise. According to the Policy, the aggregated sexual abuse data from all facilities will be readily available to the public through the agency's website; the practice is that the report is posted on the agency's website. A review of the annual report verified that there are no personal identifiers, as required. The report cover all data required in the elements of this standard.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or

employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.

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 facility was previously audited in 2016 and the Auditor confirmed the audit report was posted on the agency’s website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

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.

This facility was previously audited in 2016 and the Auditor confirmed the audit report was posted on the IDOC website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standard and have been identified in the report. The audit findings were based on a review of policies and procedures and reporting documentation; interviews with staff and inmates; and observations.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any 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.

Mable P. Wheeler

6/17/18

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.

Auditor Signature

Date